6940

06924
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Prince Geo -
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Addison (Last)

4. DATE OF DEATH (Month) July (Day) 15, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: 7-25-1885

9. AGE last birthday: 69 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Lawyer

10b. KIND OF BUSINESS OR INDUSTRY: Law

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis J. Addison

14. MOTHER'S MAIDEN NAME: Ellen M. Bowie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Joseph Addison, Jr. 3317 P St. N.W. Wash. DC.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular disease DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒, and find that death resulted from: Natural causes ☒ Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 7-15-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7/18/55

NAME OF CEMETERY OR CREMATORY Trinity Cemetery

LOCATION (City, town, or county) (State) Upper Marlboro, Md

DATE REC'D BY LOCAL REG. 7/18/55

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS F. Gaschi Sons Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06925

CERTIFICATE OF DEATH

6994

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X TOWN Glenn Dale (rural)
LENGTH OF STAY (in this place) 4 mos., & 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08 Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47X-3
STREET ADDRESS (If rural, give location) 1520 Corcoran St., N. W.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) S (Last) Alexander

4. DATE OF DEATH: (Month) 7 (Day) 6 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/22/1912

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Pohanka Auto Service

11. BIRTHPLACE (State or foreign country): Winston-Salem, N. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Alexander

14. MOTHER'S MAIDEN NAME: Florence Ellis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
002X
Immediate cause (a) Pulmonary Tuberculosis — DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 11yrs 5 mos

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/18, 19 55, to 7/6, 1955, that I last saw the deceased alive on 7/6, 1955, and that death occurred at 11 A.M. P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Daniel Lee Pinneau M.D. Glenn Dale Hospital, Glenn Dale, Md. 7/6/55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 7/8/55
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 7/7/55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Monroe & Woodford Inc. ADDRESS 1622-11th NW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06926

6942 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 38
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp 17

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Hght.
STREET ADDRESS (If rural give location) 5804 - L St NE

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Allen.

4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 9 July 55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 3 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Chester Harvey.

14. MOTHER'S MAIDEN NAME: Annette Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X IMMEDIATE CAUSE (A) Prematurity (Birth wt 12 oz) INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1955, to July 9, 1955, that I last saw the deceased alive on July 9, 1955, and that death occurred at 7:30 A M, from the causes and on the date stated above.

SIGNATURE I. Christensen M. D. ADDRESS College Park DATE SIGNED 7/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation DATE THEREOF 7/29/55 NAME OF CEMETERY OR CREMATORY Prince George's Hosp LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REGISTRAR 8/1/55 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Henry W. Berry ADDRESS Hyatt

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

3175182250

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06927

6941 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince George. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairmont Hght. 16
STREET ADDRESS (If rural give location) 5804-L 57th N.E 1

3. NAME OF DECEASED: (First) Baby (Middle) Girl (Last) Allen
4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: Black.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 9 July. 1955
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 2 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Chester Harvey
14. MOTHER'S MAIDEN NAME: Annette Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7767 IMMEDIATE CAUSE (A) Prematurity (Birth weight 4½ lbs) — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1955, to July 9, 1955, that I last saw the deceased alive on July 9, 1955, and that death occurred at 6 A M. from the causes and on the date stated above.

SIGNATURE T. Chris Lewis M.D. ADDRESS College Park DATE SIGNED 7/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 7/29/55
NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp
LOCATION (City, town, or county) (State) Cheverly Md

DATE REC'D BY LOCAL REGISTRAR 8/1/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Henry W Pearson Jr
ADDRESS Bowie Md

3175182250

6943 06928

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 2145

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Brentwood
LENGTH OF STAY (in this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4500 Banner St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN N. Brentwood
STREET ADDRESS (If rural, give location) 4500 Banner St.

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Jaink Allen	7 - 10 - 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Colored	Married	3-8-06	49 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY:
Laborer	Radio + T.V.	So. Carolina	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph Allen	Annie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	Unk.	Blvd Pinkney Aiken St. S.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (491X)	(a) Acute congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Bronchopneumonia with bilateral	
	DUE TO (c) hydrothorax.	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 7-10-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	7-11-55	J. Rhima Funeral Home	901-3rd St. S.W. Wash. D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/11/55	Amanda Sweeney	John J Rhima	Washington D.C.

7.14.55 Mrs. Jas. Severs Deputy

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06929

6995

CERTIFICATE OF DEATH

Reg. Dist. No. 2K3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Glenn Dale (RURAL)

LENGTH OF STAY (in this place): 4yrs., 5 mo's 7 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: D.C. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington 47X-3

STREET ADDRESS (If rural, give location): 1425 T. St., N.W. ✓

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
WILLIAM ANDERSON.	7 16 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Negro	widowed	6/27/14	41 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Utility Man	-	South Carolina	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Gus Anderson	Annie Jennings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		579-09-1078	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause: (a) Pulmonary Tuberculosis — DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last: (b) ... DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 4 yrs Plus

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED: While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 2-9, 19 55, to 7-16, 19 55, that I last saw the deceased alive on 7-16, 19 55, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
Daniel Lee Pincave	M.D. Glenn Dale Hospital Glenn Dale, Md.	7/17/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	7.18.55		Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/19/55	Mae Irwin	W.E. Jarvis Co.	1432 You St. N.W.

VS. A15 8-51

6941

06930
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevery
LENGTH OF STAY (in this place): 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Prince Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kent Village X
STREET ADDRESS (If rural, give location) 2506-74th Ave., Apt. 303

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Michael (Last) Baeszler

4. DATE OF DEATH (Month) 7 (Day) 5 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced

8. DATE OF BIRTH: 5-11-07

9. AGE Last birthday: 48 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Truck driver

10b. KIND OF BUSINESS OR INDUSTRY: Safeway Stores Grocery

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Baeszler

14. MOTHER'S MAIDEN NAME: Catherine Ann Halloran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: Statin Island, New York
Wm. J. Baeszler (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

442 X

Immediate cause (a) Acute congestive heart failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cardiovascular renal disease

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒, and find that death resulted from: Natural causes ☒; Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 7-5-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7/9/1955

NAME OF CEMETERY OR CREMATORY Greenhill Cemetery

LOCATION (City, town, or county) (State) Berryville, Va.

DATE REC'D BY LOCAL REG. 7/9/55

REGISTRAR'S SIGNATURE Miranda Downey

24. FUNERAL DIRECTOR F. Gasch's Sons — ADDRESS Hyattsville, Maryland

6927

06931

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 502 - Chillum Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY P. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 502 Chillum Road.

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) Frances (Last) Barker

4. DATE OF DEATH (Month) 7 (Day) 15 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: 1-21-1872

9. AGE Last birthday: 83 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nicholas Curran

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hilda Coates - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute cardiac dilatation — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 7-15-55

23. BURIAL, CREMATION, REMOVAL (Specify): Interment

DATE THEREOF 7/18/55

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Bangor, Maine

DATE REC'D BY LOCAL REG. 7/16/55

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Timothy Hanlon, James Sievers Co

ADDRESS Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

06932

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6945 Item 9, Fil (18) 7-12-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince Georges' MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges' Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mount Rainier
STREET ADDRESS (If rural give location) 4213-34th Street

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) HASLUP (Last) Bean

4. DATE OF DEATH: (Month) 7 (Day) 10 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH 6-24-68

9. AGE last birthday 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert J Lloman

14. MOTHER'S MAIDEN NAME: Frances Everett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Hospital Records Cheverly, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

IMMEDIATE CAUSE (A) Mesentric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Carcinoma of Ascending Colon — ? 6 mo.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 7-1-55, 7-8-55

19B. MAJOR FINDINGS OF OPERATION: Adeno Carcinoma of Ascending Colon; Mesentric Thrombosis

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-2, 1955, to 7-10, 1955, That I last saw the deceased alive on 7-9, 1955, and that death occurred at 8:35 A.M, from the causes and on the date stated above.

SIGNATURE Waldo B. Moyer, M.D. ADDRESS Mt. Rainier Md. DATE SIGNED 7-10-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF July 13, 1955 — NAME OF CEMETERY OR CREMATORY Asbury Cemetery — LOCATION (City, town, or county) (State) Fairmont West Va

DATE REC'D BY LOCAL REGISTRAR 7/18/55 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Gosche Sons — ADDRESS Hyattsville, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06933

6925

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Pr. Geo — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (In this place) 20 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8703 - 49 Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 8703-49 Ave.

3. NAME OF DECEASED (Type or Print): (First) MAGGIE (Middle) ISABELL (Last) BECKWITH
4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1955

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov 6 1872
9. AGE Last Birthday 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Private Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Rudolphus Boteler
14. MOTHER'S MAIDEN NAME Margaret Wardell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war, or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Edward Beckwith - above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1955, to July, 1955, that I last saw the deceased alive on July 19 1955, and that death occurred at 11 5 P m. from the causes and on the date stated above.

SIGNATURE (Degree or title) E.K. Etienne M.D. ADDRESS College Park, Md DATE SIGNED 7/21/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/25/55
NAME OF CEMETERY OR CREMATORY Rock Creek
LOCATION (City, town, or county) (State) Washington - D.C.

DATE REC'D BY LOCAL REG. July 21, 1955
REGISTRAR'S SIGNATURE John W. Smith
24. FUNERAL DIRECTOR Joseph Sasscer & Sons
ADDRESS Hyattsville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06934

6948

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) May - 1950
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3102 - Parkway

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
STREET ADDRESS (If rural give location) 3102 - Parkway

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Gertrude (Last) Behan

4. DATE OF DEATH (Month) July (Day) 9th (Year) 1955

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 9/29/1880
9. AGE last birthday 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Offaly - Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Devery
14. MOTHER'S MAIDEN NAME: Margaret Whalen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Margaret M. Behan Daughter address above

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 IMMEDIATE CAUSE	(A) DUE TO Coronary Occlusion	15 min.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Arteriosclerotic Heart disease	1 yr.
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION.
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954 to 9 July, 1955, that I last saw the deceased alive on 9 July, 1955 and that death occurred at 7:30 PM, from the causes and on the date stated above.

SIGNATURE John Kelly M. D. ADDRESS Cheverly Md DATE SIGNED 9 July 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/11/55
NAME OF CEMETERY OR CREMATORY Arlington National Cem
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR July 12 1955
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy
24. FUNERAL DIRECTOR Hallen Funeral Home, Inc. ADDRESS 3200 R. I. Ave. Mt. Rainier Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06935

6996

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4606 - Chelsea Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Suitland
STREET ADDRESS (If rural, give location) 4606 - Chelsea Ave

3. NAME OF DECEASED: (Type or Print) (First) Shirley (Middle) Eldridge (Last) Belcher
4. DATE OF DEATH (Month) 7 (Day) 28 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-14-26
9. AGE last birthday: 29 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Glazier
10b. KIND OF BUSINESS OR INDUSTRY: Glass
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Shirley Eugene Belcher
14. MOTHER'S MAIDEN NAME: Annie Chappell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Franklin Belcher - 3711 Alabama Ave Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) 420.1 Coronary Thrombosis DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary Atherosclerosis DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7-28-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Aug 1, 1953
NAME OF CEMETERY OR CREMATORY Arlington Natl. Cemetery
LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. July 29, 53
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR W. W. Chambers Co.
ADDRESS 519-11th St. S.E.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

06936

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

6997

Reg. Dist. No. 142

Item 9, Film G184 7-25-55 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Hgts. | LENGTH OF STAY (In this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 902 64 Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Heights
STREET ADDRESS (If rural, give location) 902 - 64 - Ave

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) (Last) Boardley

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Dec 1875 | 9. AGE last birthday: 79 yrs 6 Mo | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Calvert Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Price
14. MOTHER'S MAIDEN NAME: Phoebe Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ernest Boardley, Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 17 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 29 1955 to July 15 1955 that I last saw the deceased alive on July 15, 1955 and that death occurred at 8:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. C. Belcon, M.D.
ADDRESS 4423 - Hunt Pl. NE Washington, D.C.
DATE SIGNED July 15

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 7/20/55
NAME OF CEMETERY OR CREMATORY: Lincoln Mem.
LOCATION (City, town, or county) (State): Suitland Md.

DATE RECD BY LOCAL REG. 7/19/55
REGISTRAR'S SIGNATURE: Carrie F. Campbell

24. FUNERAL DIRECTOR: John T. Rhines & Co.
ADDRESS: 901 - 3rd St. S.E. Washington, D.C.

06937

MARYLAND — **STATE DEPARTMETT OF HEALTH**

6993 **CERTIFICATE OF DEATH** Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Landover — LENGTH OF STAY (in this place) 35 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover — X
STREET ADDRESS (If rural, give location) 9025 Centrel Ave. — 1

3. NAME OF DECEASED (Type or Print): (First) Earl (Middle) Dawson (Last) Brooke

4. DATE OF DEATH: (Month) July (Day) 4th (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Write): Married

8. DATE OF BIRTH: 4/24/96

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Wash. Gas. Light

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Eppa Brooke

14. MOTHER'S MAIDEN NAME: Katie Steely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 577-07-7471

17. INFORMANT AND ADDRESS: Ethel Brooke 9025 Central Ave. Landover Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary thrombosis — Interval between onset and death: 2 days

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) coronary arteriosclerosis — unknown
(c) Hypertensive cardiac disease — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1953, to July 4, 1955, that I last saw the deceased alive on July 3, 1955, and that death occurred at 5:00 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Henry G. Hadley M.D. ADDRESS 125 E. Capitol DATE SIGNED July 4 55

23. BURIAL, CREMATION REMOVAL (Specify) Bur. — DATE 7/7/55 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) Lanham (State) Md.

DATE REC'D BY LOCAL REG. July 6, 1955 — REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR ADDRESS W. W. Chambers Co. 517 11th St. S.E. D.C.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06938

6947

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Prince George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Beverly
MARYLAND
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince George's General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Brooks

4. DATE OF DEATH: (Month) 7 (Day) 27 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 2-2-1888

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) + No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

IMMEDIATE CAUSE (A) Cerebral Thrombosis

ANTECEDENT CAUSE (B) DUE TO Cerebral arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 7

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 15, 1955, to 7 27, 1955, that I last saw the deceased alive on 7 26 1955, and that death occurred at 1:30 P.M. from the causes and on the date stated above.

SIGNATURE E. Pearce M D. ADDRESS College Park, Md. DATE SIGNED 7/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF 7/27/55 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 7/27/55 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR H. S. Washington & Sons ADDRESS 461 N st. NW

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06939

6943

CERTIFICATE OF DEATH

Reg. Dist. No. 245

Item 14, Film G1858-22-55 et

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Geo — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Brentwood — LENGTH OF STAY (in this place) 34
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY PG
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ch. Brentwood 34
STREET ADDRESS 4509 (If rural, give location) Banner St #1

3. NAME OF DECEASED (Type or Print): (First) Lucy (Middle) Virginia (Last) Byrum

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 19

9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or Foreign Country): Camel Co. Va.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: ? Overton

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ? (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT: Millard Lewis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

444X

Immediate cause (a) Cadiac Failure — Interval between onset and death: 12 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) high blood pressure — 5 yrs

(c) Phlebitis of leg veins — 3 wks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 28, 1955, to July 10, 1955, that I last saw the deceased alive on July 7, 1955, and that death occurred at 1:15 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. S. Hudson, M.D. Laurel, Md July 10, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 7/10/55 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 7-10-55 — REGISTRAR'S SIGNATURE Amanda Bowie — 24. FUNERAL DIRECTOR: Mahan & Selby — ADDRESS: 424 R.I. Ave. Wash. D.C.

7-12-55 Mrs. Jas. Lewis (Mother of Informant)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06703

6949

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Prince Georges' MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges' General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges'
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Capitol Heights 3L
STREET ADDRESS (If rural give location) 834-58th Avenue 1

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Allen. (Last) Clark

4. DATE OF DEATH: (Month) 7 (Day) 7 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: 26-November-1895 | 9. AGE last birthday 59 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY: Painter
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Talbot Clark
14. MOTHER'S MAIDEN NAME: Dosie Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) War I
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

163X
IMMEDIATE CAUSE (A) Carcinoma of Lung — ??
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: June 30, 1955
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of left lung
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1955, to July 7, 1955, that I last saw the deceased alive on July 7, 1955, and that death occurred at 3:50 A.M, from the causes and on the date stated above.

SIGNATURE William Brannum MD — ADDRESS M.D. 6104 Central Ave, Capitol Heights Md — DATE SIGNED 7/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: July 11, 1955
NAME OF CEMETERY OR CREMATORY: Arlington Natl
LOCATION (City, town or county) (State): Arlington, Va

DATE REC'D BY LOCAL REGISTRAR: 7/9/55
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: W. W. Chambers Co.
ADDRESS: Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 060411

6950

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY in this place 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 2416 Eugene St

3. NAME OF DECEASED. (Type or Print) (First) Custin (Middle) a (Last) Cratzer

4. DATE OF DEATH: (Month) 7 (Day) 26 (Year) 1955

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W | 8. DATE OF BIRTH: 11-10-63 | 9. AGE last birthday 91 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired | 10B. KIND OF BUSINESS OR INDUSTRY: Passenger Agent PRR | 11. BIRTHPLACE (State or foreign country): Pa | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Cratzer | 14. MOTHER'S MAIDEN NAME: Polly Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) | (If Yes, give war or dates of service) | S. SOCIAL SECURITY NO. | 17. INFORMANT'S ADDRESS: Mary L Catts 2416 Eugene St Sil. Spg. Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

610X
IMMEDIATE CAUSE (A) Benign Prostatic Hypertrophy
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION 7/25/55 | 19B. MAJOR FINDINGS OF OPERATION Benign Prostatic Hypertrophy | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 10 30 P. M., from the causes and on the date stated above.

SIGNATURE Louis B. Bachrach M.D. ADDRESS 916-19th St. N.W. DATE SIGNED 7/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 7-28-55 | NAME OF CEMETERY OR CREMATORY Greenwood | LOCATION (City, town, or county) (State) Pleasantville N.J.

DATE REC'D BY LOCAL REGISTRAR 7/27/55 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR Deal Funeral Home | ADDRESS 4812 Ga Ave Wash D.C.

6993 06941

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. They correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Largo
LENGTH OF STAY (in this place) Transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Largo Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 3909 Oliver St.

3. NAME OF DECEASED: (Type or Print) (First) Evander (Middle) Johnson (Last) Craver

4. DATE OF DEATH (Month) July (Day) 15 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	13 May 1920	35 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Upholsters	Self	Va.	U.S.A.

13. FATHER'S NAME: Frank Craver

14. MOTHER'S MAIDEN NAME: Nanabel P. Puckett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes W.W.II	Unk.	Jane E. Craver Same as # 2 (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage and shock DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Crushed skull DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc. INJURY Largo Road	21c. (City or town) Largo (County) Prince Georges (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 7 15 55 11:45 M	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR? Driver of car that struck left side of pedestrian

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Fong M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ DATE SIGNED 7-16-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/18/55	Arlington National Cemetery	Arlington Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/19/55	Amanda F. Turney & Carrie F. Campbell	F. Gasch's Sons	Hyattsville, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 D6942

6951

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince George | MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brentwood | LENGTH OF STAY (in this place) 34
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood 34
STREET ADDRESS (If rural give location) 3709 - Windom Rd.

3. NAME OF DECEASED. (Type or Print) (First) Edward (Middle) Michael (Last) Cullinan Jr.

4. DATE OF DEATH: (Month) July (Day) 11th (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: | 9. AGE last birthday 12 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): DC | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Michael Cullinan Sr.

14. MOTHER'S MAIDEN NAME: Anna Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO | 17. INFORMANT & ADDRESS: Edw. M. Cullinan (Same as above)

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
493X IMMEDIATE CAUSE	(A) Pneumonia	3 days
ANTECEDENT CAUSE (S) DUE TO	(B) Epilepsy	10 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) Brain injury & Cerebral palsy	10 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, to July 10, 1955, that I last saw the deceased alive on July 10, 1955, and that death occurred at 7:45 A M, from the causes and on the date stated above.

SIGNATURE, M. D. Thos. Woods | ADDRESS 30-C Bridge Rd. Greenbelt Md. | DATE SIGNED 7-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 7/13/55 | NAME OF CEMETERY OR CREMATORY Mt. Olivet | LOCATION (City, town, or county) (State) DC.

DATE REC'D BY LOCAL REGISTRAR 7/11/55 | REGISTRAR'S SIGNATURE Amanda Young Mrs. Jas. Young, Deputy | 24. FUNERAL DIRECTOR Donaldy Haulon | ADDRESS 3831 Ga Ave. NW.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6952 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6943

Item 9, Filmg185 8-18-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 231

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 38 Cheverly
LENGTH OF STAY (in this place) 2 day.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince George Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro - 1
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) OTis (Middle) P. (Last) Cusick

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1955

5. SEX: M

6. COLOR OR RACE: N

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH. 9-20-1883.

9. AGE last birthday 71-71 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William F Cusick

14. MOTHER'S MAIDEN NAME: Mary S. Kaywood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ?

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Effie Cusick

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332X IMMEDIATE CAUSE (A) DUE TO Cerebral Thrombosis

ANTECEDENT CAUSE (B) DUE TO Gen Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/16, 1955, to 7/18, 1955, that I last saw the deceased alive on 7/17, 1955, and that death occurred at 6 45 P.M. from the causes and on the date stated above.

SIGNATURE E. Preuss M.D. ADDRESS College Park DATE SIGNED 7/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 7-20-55

NAME OF CEMETERY OR CREMATORY Woodlawn

LOCATION (City, town, or county) (State) Lincoln Hwy East

DATE REC'D BY LOCAL REGISTRAR 7-21 55

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Wm F Lyon

ADDRESS Laurel

6933

06944
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 785

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Ranier
LENGTH OF STAY (in this place) 24yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3102 Shepherd St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Geo -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Ranier
STREET ADDRESS (If rural, give location) 3102 Shepherd St.

3. NAME OF DECEASED: (Type or Print) (First) Cale (Middle) Samphir (Last) Dodge

4. DATE OF DEATH (Month) 7 (Day) 9 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-6-1902

9. AGE last birthday: 53 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Administration Asst

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.G.

13. FATHER'S NAME: E. Elmo Samphir

14. MOTHER'S MAIDEN NAME: Clara Bush -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 577-30-4607

17. INFORMANT & ADDRESS: Forrest Dodge - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Acute heart failure — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive cardiovascular disease — DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM ☐
DATE SIGNED 7-9-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 7/12/55
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REG. July 10 1955
REGISTRAR'S SIGNATURE James Purvis
24. FUNERAL DIRECTOR Walley's Funeral Home
ADDRESS 3200-R. Ave Mt. Rainier, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06946

6953

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Cheverly —
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville.
STREET ADDRESS (If rural give location) 5600 Queen Chapel Rd.

3. NAME OF DECEASED: (Type or Print) (First) Ann (Middle) (Last) Drennan

4. DATE OF DEATH: (Month) 30 July (Day) (Year) 1955

5. SEX: Fe
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH. 9-Feb-1904
9. AGE last birthday 51 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Agriculture Light
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Government
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Booman
14. MOTHER'S MAIDEN NAME: Callie Stone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Records Cheverly, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Subacute Bacterial Endocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Mitral Stenosis. Patent Foramen Ovale — 4 years
DUE TO (C) Chronic Rheumatic Heart Disease — 4 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4 1951, to 7-20, 19 55 that I last saw the deceased alive on 7-29, 19 55, and that death occurred at 7:03 A M. from the causes and on the date stated above.
SIGNATURE G. Dent M.D. M. D. ADDRESS Hyattsville DATE SIGNED 7-30-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug 2, 1955
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) Colmar Manor, Md (State)

DATE REC'D BY LOCAL REGISTRAR Aug. 2, 1955
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gosche Sons
ADDRESS Hyattsville Md

8/3/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 D6047

7100

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges. MARYLAND.
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) District Heights.
LENGTH OF STAY (in this place) 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Heights
STREET ADDRESS (If rural give location) 7107 Belwood St.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) B. (Last) DROZENKO.

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: Aug 25, 1885 | 9. AGE last birthday: 69 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: none | 11. BIRTHPLACE (State or foreign country): Austria | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jo Beyluk | 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) 4 mo | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT'S ADDRESS: Mrs Stella Phillips 7107 Belwood St. Dist Hgts Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
223X
Immediate cause (a) Congestive Heart Failure
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Meningioma
DUE TO
(c)

Interval Between Onset And Death: April 1, 1955 to July 31, 1955

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/28, 1955 to 7/31, 1955, that I last saw the deceased alive on 7/31, 1955, and that death occurred at 7:00 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) David Lenard Jr M.D. | ADDRESS 2401 Fairlawn St., E. | DATE SIGNED 7/31/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8-3-55 | NAME OF CEMETERY OR CREMATORY Grace Mem. Park. | LOCATION (City, town, or county) (State) Wilmington, Delaware

DATE REC'D BY LOCAL REGISTRAR 8-1-55 | REGISTRAR'S SIGNATURE Carrie F Campbell | 24. FUNERAL DIRECTOR ADDRESS W.W. Chambers Co. Washington, D.C.

VS. A15

6954 06048

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Geo - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 12 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 2622 Kirkwood Place

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) L (Last) Linda

4. DATE OF DEATH (Month) (Day) (Year) 7 - 23 - 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid

8. DATE OF BIRTH: 5-15-05

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Saleslady

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wash. D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Ball

14. MOTHER'S MAIDEN NAME: Minnie J. Bush

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Betty Purnell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Subdural hemorrhage and — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) cerebral edema — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic alcoholism -

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville) M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 7-23-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF July 26 55

NAME OF CEMETERY OR CREMATORY Arlington Natl

LOCATION (City, town, or county) (State) Arlington Va.

DATE REC'D BY LOCAL REG. 7/25/55

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR W. W. Chambers Co

ADDRESS 517-11-St. S.E, Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06049

6934

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Pr. Geo. MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier; LENGTH OF STAY (in this place) 3 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 3101 Taylor St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier; STREET ADDRESS (If rural give location) 3101 Taylor St.

3. NAME OF DECEASED: (First) Mary (Middle) Elizabeth (Last) Edgar

4. DATE OF DEATH: (Month) 7 (Day) 8 (Year) 1955

5. SEX: Female; 6. COLOR OR RACE: White; 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow; 8. DATE OF BIRTH: May 1873; 9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife; 10B. KIND OF BUSINESS OR INDUSTRY: self; 11. BIRTHPLACE (State or foreign country): Md.; 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Neale Edgar; 14. MOTHER'S MAIDEN NAME: Isalaie —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no.; (If Yes, give war or dates of service) —; 16. SOCIAL SECURITY NO. none; 17. INFORMANT & ADDRESS: H. H. Stueler Same as #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO (B) Hypertensive arteriosclerotic Heart & kidney disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1955, to 7-8, 1955, that I last saw the deceased alive on 7-8, 1955, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE Dunglas Stephens M.D. ADDRESS 3217-38th Ave DATE SIGNED 7/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 7-11-55; NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery; LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7/11/55; REGISTRAR'S SIGNATURE Amanda D. Surrey Mrs. Jas. Surrey Deputy; 24. FUNERAL DIRECTOR H. W. Jenkins & Sons; ADDRESS Baltimore, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND

06950

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 2 G 2

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Glenn Dale — LENGTH OF STAY (In this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale X
STREET ADDRESS (If rural, give location) 7617 Dunstan Ave

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) E (Last) Collins
4. DATE OF DEATH: (Month) July (Day) 17 (Year) 19[illegible]
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 11-21-1869
9. AGE Last Birthday: 86 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: John William Olney
14. MOTHER'S MAIDEN NAME: Jane E Cooper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Edna E Collins 7617 Dunstan Ave Glenn Hannah Dale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 422.1 Chr. Myocardosis —

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gen. Arteriosclerosis —

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Renal Sepsis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19[illegible] to July 17 19[illegible] that I last saw the deceased alive on July 1, 19[illegible] and that death occurred at 11:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Edward Katzen M.D. 3330 Mount Oak Rd 7/17/55

23. BURIAL, CREMATION, REMOVAL (Specify) DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
7/20/1955 Forest Heights Brookmont Md

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS
July 19-1955 Edna E Collins Robert A Mattingly 131-11th West Glenn Dale Md

MARGIN RESERVED FOR BINDING

Coroner called and appeared.

Bernard Katzin M.D.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06951

6929

CERTIFICATE OF DEATH

Reg. Dist. No. 345

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, Md. LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5701 - 31st Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, Md
STREET ADDRESS (If rural give location) 5701 - 31st Ave

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) JOSEPH. (Last) ENGLERTH

4. DATE OF DEATH: (Month) July (Day) 23. (Year) 19 55

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married | 8. DATE OF BIRTH: June 23 - 1887 | 9. AGE last birthday 68 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer | 10B. KIND OF BUSINESS OR INDUSTRY: Road Paving | 11. BIRTHPLACE (State or foreign country): Martinsburg. west va | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: wm Joseph Englerth | 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) W.W. I | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: sadie B. Englerth Hyattsville, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332 X
IMMEDIATE CAUSE (A) Cerebral thrombosis
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cerebral arteriosclerosis DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/14 , 1955, to 7/23 , 1955, that I last saw the deceased alive on 7/23 , 1955, and that death occurred at 11:15 P. M, from the causes and on the date stated above.

SIGNATURE Earl N. Graff ADDRESS M. D. 716 Kuhns Pl. W. Hyattsville, Md DATE SIGNED 7-23-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7/26/55 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) (State) Arlington Va

DATE REC'D BY LOCAL REGISTRAR July 25, 1955 | REGISTRAR'S SIGNATURE Mrs. Jas. Bowers (Deputy) | 24. FUNERAL DIRECTOR Gasch Sons ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

6955

06952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Geo MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cheverly
LENGTH OF STAY in this place D. O. A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Tennessee COUNTY Shelby
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Memphis 79X-3
STREET ADDRESS (If rural, give location) 1177 Union Ave.,

3. NAME OF DECEASED: (Type or Print) (First) Isaac (Middle) Summers (Last) Escue

4. DATE OF DEATH (Month) July (Day) 31, (Year) 19 55.

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 21, 1901

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Haywood County Tennessee

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Isaac Newton Escue

14. MOTHER'S MAIDEN NAME: Lula Ellen Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: James Escue Memphis Tenn.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) 816X DUE TO Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO Crushed chest

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Street

21c. (City or town) Bettsville, Pr. Geo (County) (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) 7-31-55 (Hour) 8.05 A. M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Passenger in sedan struck in rear by tractor trailer.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐ / Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 7-31-55

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation

DATE THEREOF Aug. 1, 1955

NAME OF CEMETERY OR CREMATORY Memphis

LOCATION (City, town, or county) (State) Tennessee

DATE REC'D BY LOCAL REG. 8/1/55

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Maryland.

VS. A15A - 5 - 53

7102 06053

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillside LENGTH OF STAY (in this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6207 Brooks Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Hillside
STREET ADDRESS (If rural, give location) 6207 Brooks Rd

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) Essig
4. DATE OF DEATH (Month) July (Day) 6 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: July 18, 1894
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Sheetmetalworker
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gottlied Essig
14. MOTHER'S MAIDEN NAME: Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY No.: 579-14-7154
17. INFORMANT & ADDRESS: Ulla Essig, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 442X
Immediate cause (a) Acute Congestive heart failure
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T. Boyd M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7-6-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 7/11/1955
NAME OF CEMETERY OR CREMATORY Arlington Natl
LOCATION (City, town, or county) Ft Myer (State) Va.

DATE REC'D BY LOCAL REG. July 8, 1955
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR W. W. Chambers Co
ADDRESS 517-11th St SE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06954

6953

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN 38 Cheverly; LENGTH OF STAY (in this place) 15 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville 15; STREET ADDRESS (If rural give location) 6602 44th Avenue

3. NAME OF DECEASED: (Type or Print) (First) Clyde (Middle) LoRayne (Last) Everson

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: Nov. 22 1906

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Md. State Veterinarian

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Newton Everson

14. MOTHER'S MAIDEN NAME: Minnie B. Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Emma D. Everson - 6602-44th Ave. Hyattsville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Arteriosclerotic Heart Disease — 5 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1955 to July 6, 1955, that I last saw the deceased alive on July 5, 1955, and that death occurred at 7 50 AM. from the causes and on the date stated above.

SIGNATURE Thomas Dimel Conner M.D. ADDRESS 3503 Bunny St. Mt Rainier Md DATE SIGNED 7/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Transportation

DATE THEREOF 7/8/55

NAME OF CEMETERY OR CREMATORY The Bright Funeral Home

LOCATION (City, town, or county) (State) Crawfordsville, Ind.

DATE REC'D BY LOCAL REGISTRAR 7/8/55

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Francis Gasch & Sons - Hyattsville, Md ADDRESS

6957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06955

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Prince Georges; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly; MARYLAND; LENGTH OF STAY (In this place) 16 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Prince Georges; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville; STREET ADDRESS (Or rural route number) 6919 Batto. Ave

3. NAME OF DECEASED: (Type or Print) (First) Joe (Middle) (Last) Franklin

4. DATE OF DEATH: (Month) 7 (Day) 27 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M

8. DATE OF BIRTH: 11-11-82

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HRS.: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired attorney

10B. KIND OF BUSINESS OR INDUSTRY: Internal Revenue

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James B. Franklin

14. MOTHER'S MAIDEN NAME: Virginia Mac Naron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Ruth Franklin Hyattsville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

152X

IMMEDIATE CAUSE (A) Carcinomatosis of

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Generalized Large Intestine

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-, 1936, to 7-27, 1953, that I last saw the deceased alive on 7-27, 1953, and that death occurred at 6:55 PM, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS 1 Bell [illegible] DATE SIGNED 7-29-53

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF July 29/53; NAME OF CEMETERY OR CREMATORY Fort Lincoln; LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REGISTRAR July 29 1953 8/11/53; REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Gracie Sons; ADDRESS Hyattsville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06957

6958

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Geo. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale Md
LENGTH OF STAY (in this place) 9 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp 4408 Queensbury Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Mass. COUNTY Norfolk
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Braintree
STREET ADDRESS (If rural give location) 22 Burroughs Rd

3. NAME OF DECEASED: (Type or Print) (First) Frederick (Middle) G. bb (Last) Stephens

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: 10-17-98

9. AGE last birthday: 57 yrs | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical Draftsman

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ontario Canada

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James Gibb

14. MOTHER'S MAIDEN NAME: Marsha Stephens

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 024-03-8238

17. INFORMANT & ADDRESS: Mrs Elsie G. bb - Sum. Address above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSE (S): DUE TO (B) Arteriosclerotic Heart Dis. — 2 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1955, to July 17, 1955, that I last saw the deceased alive on July 17, 1955, and that death occurred at 9 7/p M, from the causes and on the date stated above.

SIGNATURE L Gonnalin M. D. ADDRESS Rivendale, Md DATE SIGNED 7-18-53

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation — DATE THEREOF July 18, 1955 — NAME OF CEMETERY OR CREMATORY Quincy — LOCATION (City, town, or county) Massachusetts (State)

DATE REC'D BY LOCAL REGISTRAR July 18, 1955 — REGISTRAR'S SIGNATURE Mrs. Jas Revere (Mrs) — 24. FUNERAL DIRECTOR Gosche Sons — ADDRESS Hyattsville Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06958

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6953

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) CHEVERLY
LENGTH OF STAY (in this place) 4 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS PRINCE GEORGES GENERAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE M D. COUNTY PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN COLLEGE PARK
STREET ADDRESS (If rural give location) 4910 HOLLYWOOD RD.

3. NAME OF DECEASED: (Type or Print) (First) LLOYD (Middle) M (Last) GILLETT

4. DATE OF DEATH: (Month) 7 (Day) 28 (Year) 1955

5. SEX M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED | 8. DATE OF BIRTH: 12-3-73 | 9. AGE last birthday IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min. 81 yrs

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Apt house Operator
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): N. Y.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry J Gillett
14. MOTHER'S MAIDEN NAME: Julia Sherwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS. Leroy O Gillette 4910 Hollywood Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1.55X
IMMEDIATE CAUSE (A) HEPATIC FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 4 Mo.
DUE TO
ANTECEDENT CAUSE (B) BILIARY CIRRHOSIS.
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) CARCINOMA OF THE GALL BLADDER WITH COMMON DUCT METASTASIS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. BILIARY NEPHROSIS

19A. DATE OF OPERATION: 1-12-55
19B. MAJOR FINDINGS OF OPERATION: CARCINOMA OF GALL BLADDER WITH COMMON DUCT OBSTRUCTION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-30-1955 to 7-28-1955 that I last saw the deceased alive on 7-28, 1955 and that death occurred at 4:15 P.M. from the causes and on the date stated above.
SIGNATURE William B. Hagan M.D. ADDRESS 3305 Perry St. Mt Rainier Md. DATE SIGNED 7/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/30/55
NAME OF CEMETERY OR CREMATORY Forest Lawn Cemetery
LOCATION (City, town, or county) Los Angeles (State) Calif

DATE REC'D BY LOCAL REGISTRAR 7/28/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W.W. Chambers Co.
ADDRESS Riverdale Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06959 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chapel Oaks
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1327-54th Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chapel Oaks.
STREET ADDRESS (If rural, give location) 1327-54th Avenue

3. NAME OF DECEASED: (Type or Print) (First) LeRoy (Middle) (Last) Gillums

4. DATE OF DEATH (Month) 7- (Day) 11- (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Married	Aug. 14, 1921	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed		S. Carolina	U.S.A.

13. FATHER'S NAME: Eliott Gillums

14. MOTHER'S MAIDEN NAME: Maggie Fuller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S ADDRESS
No	577-22-8089	Thos. Gillums - 945 Division Ave. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute heart failure	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Lobar pneumonia, Toxemia	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cardiovascular renal disease

19a. DATE OF OPERATION	19b MAJOR FINDING OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 7-11-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	7-13-55	H.S. Washington Memorial Park	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/12/55	Amanda Downey	H.S. Washington Sons	467-N. St. N.W.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06960

6960

CERTIFICATE OF DEATH

Reg. Dist. No. 246

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale, Md.
LENGTH OF STAY (in this place) 2 mo 11 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale, Md.
STREET ADDRESS (If rural give location) 4711 Oliver Street.

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) Gerhardt (Last) Clais

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1955

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: 1-5-87 | 9. AGE last birthday: 68 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Professor - German Dept
10B. KIND OF BUSINESS OR INDUSTRY: Professor University
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Clais
14. MOTHER'S MAIDEN NAME: Anna Rudiger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 579-44-2743
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X IMMEDIATE CAUSE (A) Malnutrition + cachexia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSE (B) DUE TO Metastatic Carcinoma to brain + lung — 4-5 mo

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO from Carcinoma of colon — 2½ yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1 July 1953
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of colon
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953 to July 11, 1955, that I last saw the deceased alive on July 9, 1955, and that death occurred at 3 45 P.M., from the causes and on the date stated above.

SIGNATURE M. D. Thompson M. D. ADDRESS Riverdale Md DATE SIGNED 7-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7/14/1955 | NAME OF CEMETERY OR CREMATORY Prospect Hill Cem. | LOCATION (City, town, or county) (State) Washington DC.

DATE REC'D BY LOCAL REGISTRAR July 12 1955 | REGISTRAR'S SIGNATURE James Darcy | 24. FUNERAL DIRECTOR W. W. Commons Co - Riverdale Md | ADDRESS

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

7-24 06961

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Glenmanor | LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 302 Maury Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Glenmanor
STREET ADDRESS (If rural, give location) 302 Maury Ave

3. NAME OF DECEASED: (Type or Print) (First) Lelia (Middle) Rebecca (Last) Gough
4. DATE OF DEATH (Month) (Day) (Year) 7 23 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	6 28 10 98	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oscar Swann
14. MOTHER'S MAIDEN NAME: Alma Burroughs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Louis J Gough, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (420.1)	(a) Coronary occlusion	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (Pneumonia)	(b) Coronary atherosclerosis	
DUE TO		
	(c) Cardiovascular renal disease	

11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: fracture of left tibia & fibula

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James D. Boyd M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7/23/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 26 55	Cedar Hill	Suitland Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/25/55	Amanda Downey	W.W. Chambers Co	517-18th St. S.E

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19 06962

CERTIFICATE OF DEATH

6961 Reg. Dist. No. 231

1 PLACE OF DEATH
COUNTY Prince Georges' MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (In this place) 1 hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges' Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY PrinceGeorges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED. (Type or Print) (First) Belinda (Middle) (Last) Green

4. DATE OF DEATH: (Month) 7 (Day) 4 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Negro

7 SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8 DATE OF BIRTH: 3-13-55

9. AGE last birthday ____ yrs. IF UNDER 1 YEAR Months 3 Days | IF UNDER 24 HRS. Hours | Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired): —

10B KIND OF BUSINESS OR INDUSTRY: —

11 BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: RAYMOND Green

14. MOTHER'S MAIDEN NAME: Blondell Douglas

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ~

17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

49 X
IMMEDIATE CAUSE (A) Interstitial Pneumonia
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION. 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-4, 1955, to 7-4, 1955, that I last saw the deceased alive on 7-4, 1955, and that death occurred at 11:50 A.M., from the causes and on the date stated above.

SIGNATURE John W. Pulein M.D. ADDRESS 5301 Hamilton St., Hyattsville Md DATE SIGNED 7/5/55

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7-7-55 | NAME OF CEMETERY OR CREMATORY Marlboro Methodist | LOCATION (City, town, or county) (State) Upper Marlboro, Md

DATE REC'D BY LOCAL REGISTRAR 7-7-55 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS William Reese II, 108 W. Wash. St, Annapolis, Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the names of diseases clearly and legibly.

MARGIN RESERVED FOR BINDING

7/2/55 20-151374

715

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06063

Reg. Dist. No. 232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: PRINCE GEORGES
City or town: X UPPER MARLBORO
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
UPPER MARLBORO
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: MD County: PRINCE GEORGES
City or town: UPPER MARLBORO X
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: BESSIE BARBOUR GREENFIELD

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Married

6.(b) Name of husband or wife: Henry GREENFIELD
MARCH 7, 1904 6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): MARCH 7, 1904

8. AGE: Years	Months	Days	If less than one day
51			hrs. min.

9. Birthplace: LONG ISLAND N.Y.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Conway Barbour
13. Birthplace

MOTHER
14. Maiden name: Lucy Lansin
15. Birthplace

16. Informant: Henry Greenfield
Address: upper marlboro
17. Removal (Burial, cremation, or removal. Which?) Date thereof July 1 1955 (month) (day) (year)
Cemetery or crematory
Location: Washington DC
18. Funeral director: Mc Guire FUNERAL Service
Address: 1820 - 9th St. N.W. Washington DC
19. July 1 1955 (Date rec'd by registrar) John F Danner. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 1 1955 at 11:04 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2 1955 to June 30 1955 and that I last saw h alive on June 30 1955

	DURATION
Immediate cause of death: Cerebral Hemorrhage	3 days
Due to: Hypertensive Cardio-Vascular-Renal Disease	5 yrs
Due to:	
Other conditions: Arteriosclerosis	5 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations: none
Date of op.
Autopsy results: No
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: James E. Saucer M.D.
M. D. or other
Address: Upper Marlboro, Md. Date signed 6-1-55

7, 5

06964

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 045

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville
LENGTH OF STAY (in this place) 10 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5724 30th Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN West Hyattsville
STREET ADDRESS (If rural, give location) 5724 30th Avenue

3. NAME OF DECEASED: (Type or Print) (First) Ward (Middle) Thomas (Last) Hall

4. DATE OF DEATH (Month) July (Day) 25 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 26, 1885	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Forman	W.S.S.C.	Pennsylvania	U.S.A.

13. FATHER'S NAME: John Hall

14. MOTHER'S MAIDEN NAME: Mary Braden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes W.W.I.	None	Lillie R. Hall Wife Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Exhaustion DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Decompensated arteriosclerotic DUE TO (c) heart disease -

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7-25-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/27/55	Fort Lincoln	Colmar Manor Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 27 1955	Mrs Jas. Reese Wright	Gasch's Sons	Hyattsville Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06065

7127

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Pr. Geo's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X RURAL-Capitol Heights
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7219 Central Avenue, Washington 27, D. C.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo's.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-Capitol Heights X
STREET ADDRESS (If rural give location) 7219 Central Avenue Washington 27, D. C.

3. NAME OF DECEASED: (Type or Print) (First) Nina (Middle) Lynn (Last) Hamilton

4. DATE OF DEATH: (Month) 7 (Day) 15 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Oct. 25, 1952

9. AGE last birthday 2 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George T. Hamilton

14. MOTHER'S MAIDEN NAME: Georgianna Stamp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO. ----

17. INFORMANT & ADDRESS: Mrs. Georgianna Hamilton 7219 Central Avenue, Washington 27, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15XX

IMMEDIATE CAUSE (A) Anaplastic Retroperitoneal Sarcoma — INTERVAL BETWEEN ONSET AND DEATH: 5 months

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Sarcoma with Metastases

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 7/1/55

19B. MAJOR FINDINGS OF OPERATION: Retroperitoneal Sarcoma

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/28, 1955, to 7/15, 1955 that I last saw the deceased alive on 7/15, 1955, and that death occurred at 3 PM. M, from the causes and on the date stated above.

SIGNATURE William Brannin M. D. ADDRESS Capitol Hyts Md DATE SIGNED 7/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7/18/55 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery — LOCATION (City, town, or county) Suitland, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR July 20, 1955 — REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR Ritchie Bros. — ADDRESS Upper Marlboro, Md.

06966

MARYLAND

STATE DEPARTMETT OF HEALTH

7198

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Laurel
LENGTH OF STAY in this place 6 mo. 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 853 West University Parkway

3. NAME OF DECEASED (Type or Print): (First) HELEN (Middle) A. (Last) HARLAN

4. DATE OF DEATH: (Month) JULY (Day) 17 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 1-1-1862

9. AGE last birthday: 93 yrs.

If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Phila. Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Altemus

14. MOTHER'S MAIDEN NAME: Hannah Eyre

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service): Do not know

16. SOCIAL SECURITY NO.: -

17. INFORMANT AND ADDRESS: Mrs. R. Marsden Smith 853 West University Parkway Baltimore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval between Onset and Death: Many Years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Endocarditis — " "

(c) Generel + Cerebral Arteriosclerosis — " "

422.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-13, 1955 to 7-17, 1955, that I last saw the deceased alive on 7-17, 1955, and that death occurred at 11:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James P. Sauls M.D. ADDRESS Laurel Sanitarium Laurel Md. DATE SIGNED 7-17-55

23. BURIAL, CREMATION REMOVAL (Specify) DATE July 20/55 NAME OF CEMETERY OR CREMATORY Spesutia LOCATION (City, town, or county) (State) Perryman Md

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE Burial 7/18/55 C.A. Hedrick

24. FUNERAL DIRECTOR ADDRESS H. Hankins Sons 4905 York Rd

MARGIN RESERVED FOR BINDING

6962

06967

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Riverdale
LENGTH OF STAY (in this place) D.C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5707-31st Place

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Joseph (Last) Harrigan
4. DATE OF DEATH (Month) (Day) (Year) 7 - 4 - 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 7-23-54
9. AGE last birthday: yrs. 11
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Peter Harrigan
14. MOTHER'S MAIDEN NAME: Frances Louise Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mother - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
434.1
Immediate cause (a) DUE TO Acute congestive heart failure
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7-14-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 7-4-55
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) (State) Embalm Home - 131 - 11

DATE REC'D BY LOCAL REG. July 4 1955
REGISTRAR'S SIGNATURE Mrs. Jas Devereaux Deputy
24. FUNERAL DIRECTOR ADDRESS St. S.E. Washington, D.C.

9V; 47V9V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

6963 06968

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Capitol Heights
STREET ADDRESS (If rural, give location) 4909 - F Street

3. NAME OF DECEASED: (Type or Print) (First) Iris (Middle) Ann (Last) Hays

4. DATE OF DEATH (Month) 7 (Day) 28 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 5-18-54

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months — Days; IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James William Hays.

14. MOTHER'S MAIDEN NAME: Hettie Rembowski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mother - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 471 X DUE TO Pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO Broncho pneumonia (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒ Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 7-28-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF July 30-55
NAME OF CEMETERY OR CREMATORY Kirk National
LOCATION (City, town, or county) (State) Seatland Maryland

DATE REC'D BY LOCAL REG. July 28-55
REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Simmons Brothers 1661-good Hope Road S E Washington D C
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7099

CERTIFICATE OF DEATH

06969

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges County MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park Hgts.; LENGTH OF STAY (in this place) 4 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Illinois COUNTY Cook; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chicago; STREET ADDRESS (If rural give location) 5644 S. Union ave.

3. NAME OF DECEASED: (First) ELLEN (Middle) CHRISTINE (Last) HEWITT

4. DATE OF DEATH: (Month) 7 (Day) 5 (Year) 1955

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7-18-1896

9. AGE last birthday: 58 yrs.

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ludington Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: JACOB JOHNSON

14. MOTHER'S MAIDEN NAME: HELEN LARSEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: ANGE SCHUMACHER 1211 S. Washington ave, Ludington, Michigan

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
199.9 Immediate cause	(a) Generalized Carcinomatosis DUE TO	3 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 1955

19b. MAJOR FINDINGS OF OPERATION: Bone biopsy - metastatic carcinoma Bethesda Naval Hospital

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1-55, to 7-5-55, that I last saw the deceased alive on 7-5-55, and that death occurred at 6:30 P.M.; from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
David S. Gordon MD	5731 23rd Parkway SE	7-5-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transit Burial	7-5-55	Ludington Mich	Ludington Mich

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-6-1955	Mrs Jas. Severe Deputy	Neal Funeral Home	4812 Ga Ave N.W.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06070

6929

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Hyattsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 807 Somerset Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring 15-56-2
STREET ADDRESS (If rural give location) 804 Sligo Avenue

3. NAME OF DECEASED: (Type or Print) First: Amelia Middle: Chapin Last: Hill

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Sept. 8, 1885

9. AGE last birthday: 69 yrs | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Homemaker - Worker, Woodside School Cafeteria

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Locke

14. MOTHER'S MAIDEN NAME: Mary A. (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 579-44-3784

17. INFORMANT & ADDRESS: Mr. Robert G. Hill, Jr. 473 Beverly Rd., Wooster, Ohio

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15 2X

IMMEDIATE CAUSE (A) Carcinomatosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Carcinoma of Cecum — 3 mos.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION Feb. 15

19B. MAJOR FINDINGS OF OPERATION Carcinoma of Cecum

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to July 2, 1955, that I last saw the deceased alive on 2 July, 1955, and that death occurred at 5—P.M. from the causes and on the date stated above.

SIGNATURE L.B. Snow M. D. ADDRESS 9013 Flower Ave. Silver Spring DATE SIGNED 2d July 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	7/5/55	Ft. Lincoln Cremetory	Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR July 6 1955 — REGISTRAR'S SIGNATURE Mrs. Jas. Service Mutt

24. FUNERAL DIRECTOR Turner & Dumphrey — ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06971

7-10

Reg. Dist. No. 2-42

1. PLACE OF DEATH:
COUNTY Pr. Geo's Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural
LENGTH OF STAY (In this place) 4 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 07

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Pr. Geo's., CO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clinton, Maryland
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) PATRICE (Middle) H. (Last) HOLMES

4. DATE OF DEATH: (Month) July (Day) 4th (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: August 11th, 1950

9. AGE last birthday: 4 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank W. Holmes

14. MOTHER'S MAIDEN NAME: Helen E, Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Frank W. Holmes Clinton, Maryland.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Heart failure

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Lymphosarcoma

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19 55 to July 4, 19 55 that I last saw the deceased alive on July 4, 19 55, and that death occurred at 8:15 A M, from the causes and on the date stated above.

SIGNATURE AND M.D. Dr. E Tienne Gallon ADDRESS 2. Parkway Ave Forest Hts, Md DATE SIGNED July 4, 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF July 6th. 55

NAME OF CEMETERY OR CREMATORY St. John's Cemetery

LOCATION (City, town, or county) (State) Clinton, Maryland.

DATE REC'D BY LOCAL REGISTRAR July 4th -55

REGISTRAR'S SIGNATURE Edward F. Gallagher

24. FUNERAL DIRECTOR Gallagher Brothers ADDRESS 1661- Good Hope Road S.E. Washington, D.C.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 116072

CERTIFICATE OF DEATH

Reg. Dist. No. 242

7 11

Item 8, Fil. 6184 8-3-55 et

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6416 Grieg St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 6416 Grieg St

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
EVELYN	Mc BRIDE	HOLT	JULY	25	19 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	married	Aug 4 - 1916	38 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
none	Housewife	Greenville S Car.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Robert E Kellam	Bessie E Hagan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
U		Donald A Holt 6416 Grieg St Seat Pleasant

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
002X **Immediate cause**	(a) Pulmonary Tuberculosis	13 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from ....., 19 43, to July 25, 1955, that I last saw the deceased alive on July 11, 1955 and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Reuben E. Young MD ADDRESS 3417 Minnesota Ave SE DC DATE SIGNED 7/29/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	7-28-55	Ft. Lincoln	Bladensburg Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-27-55	Corrie F. Campbell	Neal Funeral Home	4812 Fla Ave NW Wash DC

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RG 5-7000
5-6677

6961 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06073

Item 18 Film G184 8-2-55 ams

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

S. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly; LENGTH OF STAY (in this place) 7 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lothian; STREET ADDRESS (If rural give location) 02 x 2

3. NAME OF DECEASED (Type or Print): (First) James (Middle) M (Last) Holt

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1955

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M

8. DATE OF BIRTH: July 27 1929

9. AGE last birthday: 25 yrs. IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HRS.: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10B. KIND OF BUSINESS OR INDUSTRY: Md. Tobacco Co

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elmer Holt

14. MOTHER'S MAIDEN NAME: Mary L. Tongue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-26-6795

17. INFORMANT & ADDRESS: Ella Mae Holt - Lothian, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
5011 IMMEDIATE CAUSE	(A)	Fatal Encephalitis	1 wk
ANTECEDENT CAUSE (S)	DUE TO	Rhinitis, Pharyngitis, Otitis Media	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) DUE TO	Bronchitis	2 wks
	(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 July, 1955, to 13 July, 1955, that I last saw the deceased alive on 13 July, 1955, and that death occurred at 12:30 P.M. from the causes and on the date stated above.

SIGNATURE C. J. Carson M. D. ADDRESS Upper Marlboro Md DATE SIGNED 14 Jul 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 7-17-55

NAME OF CEMETERY OR CREMATORY Lothian

LOCATION (City, town, or county) Lothian, Md (State)

DATE REC'D BY LOCAL REGISTRAR 7/19/55 Amended 7/20/55

REGISTRAR'S SIGNATURE Dawn V. Powell

24. FUNERAL DIRECTOR Nelson Sweet - Immpalers

ADDRESS Md

06974

MARYLAND

STATE DEPARTMETT OF HEALTH

7 12

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Kenilworth
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kenilworth X
STREET ADDRESS (If rural, give location) 4616 R. St. N.E.

3. NAME OF DECEASED (Type or Print): (First) ROMAN (Middle) (Last) HORNIG

4. DATE OF DEATH: (Month) JULY (Day) 1 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: Dec 1, 1851

9. AGE last birthday: 103 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher

10b. KIND OF BUSINESS OR INDUSTRY: Eastern Market

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? Germany

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Joseph A. Hornig, 4616 R St. N.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 422.1 Ca. Myocardosis — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: U

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952 to July 1, 1955, that I last saw the deceased alive on June 25, 1955, and that death occurred at 7:45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Bernard Kidzen M.D. 3550 Nebr. Ave. N.W. 7-1-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 7/5/55 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem. — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 7/5/55 — REGISTRAR'S SIGNATURE: Amanda Young

24. FUNERAL DIRECTOR: W. W. Chambers Co — ADDRESS: Wash. D.C.

06975

MARYLAND — STATE DEPARTMETT OF HEALTH

6965

CERTIFICATE OF DEATH

Reg. Dist. No. 231

Item 8, FilmG184 7-22-55 et

1. PLACE OF DEATH: COUNTY: Prince Georges; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Beverly; LENGTH OF STAY (In this place): 4 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Seat Pleasant, Md. X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen'l. Hospital	STREET ADDRESS (If rural, give location): 6316 Foote St. 1

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	JAMES	BAYARD	HORSMAN	7	10	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months.	Days.	If under 24 hrs.: Hours.	Min.
M	W	M	2-19-97	86 9 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Railroad employee	Virginia	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Horsman	Susan Muse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No		Susan F. Horsman Seat Pleasant Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
334 Immediate cause	(a) Bronchopneumonia, bilateral	2 days
Antecedent cause(s)	(b) Old cerebral thrombosis & left interal hydrocephalus	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cerebral arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JANUARY 5[illegible], to JULY 10 55, that I last saw the deceased alive on JULY 10, 1955, and that death occurred at 4:40 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Max M. Herzberg	M.D.	7016-GREIG ST. SEAT-PLEASANT MD.	7-10-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 13, 1955	Holy Trinity	Collington, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/13/55	Amanda Downey	F. Roache Sons	Hyattsville, Md

MARGIN RESERVED FOR BINDING

06976

MARYLAND — STATE DEPARTMETT OF HEALTH

6966 CERTIFICATE OF DEATH

Reg. Dist. No. 231

Item 3. FilmG185 8-29-55 et

1. PLACE OF DEATH: COUNTY Pr Geo Co — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly — LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 Pr Geo General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — Laurel — 13x-2
STREET ADDRESS (If rural, give location) — Box 225

3. NAME OF DECEASED (Type or Print): (First) Donald (Middle) Alan (Last) Dager, Twin I
4. DATE OF DEATH: (Month) 7 (Day) 4 (Year) 55

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 7-4-55
9. AGE last birthday: — yrs. If under 1 year: Months — Days — If under 24 hrs: Hours — Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elmer Roland Dager
14. MOTHER'S MAIDEN NAME: Eleano Elizabeth Latkaf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: E R. Dager.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 776X Premature Birth

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —
(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

INTERVAL BETWEEN ONSET AND DEATH: 1 hr 30 m.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7/4/55, 19 53, to 7/4/55, 19 53, that I last saw the deceased alive on 7/4/55 19, and that death occurred at 9.2 m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) M.D. — ADDRESS 314 Compton Laurel Md — DATE SIGNED 7/4/55

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial — DATE July 4 1955 — NAME OF CEMETERY OR CREMATORY St Pauls Cemetery — LOCATION (City, town, or county, (State)) Fulton Maryland

DATE REC'D BY LOCAL REGISTRAR 7/4/55 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR Elmer Roland Father — ADDRESS Fulton, Md

21 75341301

MARGIN RESERVED FOR BINDING

6967

06977

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 231

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) Deltman
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3052 Monroe St N. E.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Edward (Last) Jackson
4. DATE OF DEATH (Month) 7 (Day) 12 (Year) 19 55
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out) Single
8. DATE OF BIRTH: Jan 31, 1912
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Sewage
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Jackson
14. MOTHER'S MAIDEN NAME: Mary Minor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S ADDRESS: Mary Jackson 1509 3rd St NW Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

891.0
Immediate cause (a) Asphyxia
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Acute carbon monoxide poisoning
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Suffocation by full force forward in bed

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home
21c. (City or town) Cornody Hills P. G. (County) (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 7 12 55 7-8 P M
21e. INJURY OCCURRED While at work ☒ Not while at work ☐
21f. HOW DID INJURY OCCUR? Working in closed area with gas motor

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7-12-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 7/12/55
NAME OF CEMETERY OR CREMATORY Hoffman Funeral Home
LOCATION (City, Town, or County) (State) Washington D.C.
DATE REC'D BY LOCAL REG. 7/12/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasche Sons Hyattsville Md ADDRESS

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06078

6968

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Cheverly — LENGTH OF STAY (In this place) 55 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges' Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor
STREET ADDRESS (If rural give location) 3605 - 40th Place

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) (Last) Jocitel

4. DATE OF DEATH: (Month) ? (Day) 15 (Year) 1955

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married — 8. DATE OF BIRTH: 29 June 1885 — 9. AGE last birthday: 70 yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 10B. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Blackmon — 14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5 x 1

IMMEDIATE CAUSE — (A) Left Subdiaphragmatic Abscess — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hepatic failure — ?

DUE TO (C) Laennec's Cirrhosis of Liver — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. — 21E. INJURY OCCURRED While at work [ ] Not while at work [ ] — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 4:45 P.M. from the causes and on the date stated above.

SIGNATURE James R. Goodson M.D. — ADDRESS 1746 K St NW Wash D.C. — DATE SIGNED 7/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7/19/55 — NAME OF CEMETERY OR CREMATORY Fort Lincoln — LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REGISTRAR 7/19/55 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR — ADDRESS F. Grachs Sons Hyattsville Md

0607?

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1509 - Marion St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Green (Last) Joseph

4. DATE OF DEATH (Month) 7 (Day) 7 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Married	5-22-15	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Construction	S. Carolina	U.S.A.

13. FATHER'S NAME: John Joseph

14. MOTHER'S MAIDEN NAME: Alice Priestley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT'S ADDRESS:
		Wife - Same address -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hyperemia & edema DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Intoxication DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	Shed	Bladensburg Pr. Geo. - Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
7- 7-55 4.15 P.M.		Stricken suddenly while working

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒ Inquiry ☒ and find that death resulted from: Natural causes ☐, Accident ☒ Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md.) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7-7-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	7-8-55	H.S. Washington & Son	467 N at N.W. D.C.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/9/55	Amanda Dorsey	H. S. Washington & Sons	467 N at N.W.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06980

6970

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince Georges' MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 3½ hours.
38
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges' Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges'
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Capitol Heights 36
STREET ADDRESS (If rural give location) 6510 Central Avenue 1

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) King

4. DATE OF DEATH: (Month) 7 (Day) 11 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 7.

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours 5 Min. 16

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Raymond L. King

14. MOTHER'S MAIDEN NAME: Doris Balderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.0

IMMEDIATE CAUSE (A) Abnormal respiratory activity

ANTECEDENT CAUSE (B) DUE TO Baby gasped a few times after

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO birth and died

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 11, 1955, to July 11, 1955, that I last saw the deceased alive on July 11, 1955, and that death occurred at 11:45 M, from the causes and on the date stated above.

SIGNATURE J. Christensen M. D. ADDRESS College Park DATE SIGNED 7/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation DATE THEREOF 7/29/55 NAME OF CEMETERY OR CREMATORY Prince Georges Memory LOCATION (City, town, or county) Cheverly (State) Md.

DATE REC'D. BY LOCAL REGISTRAR 8/1/55 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Harry W. Pearson Jr. ADDRESS Hyattsville

2075 [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06981

6930

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 15 Hyattsville Md
LENGTH OF STAY (in this place) 6 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5042 38th avenue,.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, Md. 15
STREET ADDRESS (If rural give location) 5042 38th avenue,. 1

3. NAME OF DECEASED: (Type or Print) (First) Milton (Middle) Sites (Last) Klein

4. DATE OF DEATH: (Month) July (Day) 4, (Year) 1955.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Nov 29, 1898	56 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY: Eng. Research
11. BIRTHPLACE (State or foreign country): West Virginia.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Albert J. Klein
14. MOTHER'S MAIDEN NAME: Anna Northcroft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Edith M. Klein Hyattsville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic Heart Disease — 1 year

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1 ..., 1955, to July 4 ..., 1955, that I last saw the deceased alive on July 1, 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE Hyman Donat Comeau — ADDRESS M.D. 3503 Perry St. Mt Rainier md — DATE SIGNED July 5 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 7, 1955	Fort Lincoln Cemetery	Colmar Manor Md.

DATE REC'D BY LOCAL REGISTRAR: July 7th 1955 — REGISTRAR'S SIGNATURE: Mrs Jas Severe (Deputy)
24. FUNERAL DIRECTOR — ADDRESS: F. Gasch's Sons Hyattsville, Md.

06982

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6931 **CERTIFICATE OF DEATH** Reg. Dist. No. 345

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5301-41st. Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 5301-41st. Place

3. NAME OF DECEASED: (Type or Print) (First) Eva (Middle) Ganeo (Last) Korlishim

4. DATE OF DEATH: (Month) 7 (Day) 22 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 4/19/1891
9. AGE last birthday: 64 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Edwardsville, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Theodore Ganeo
14. MOTHER'S MAIDEN NAME: Fannie Ganeo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S ADDRESS: Mrs. Elizabeth Higley address above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

142.1
IMMEDIATE CAUSE (A) Adeno carcinoma of Salivary
ANTECEDENT CAUSE (B) DUE TO Gland with generalized metastasis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH: 2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1951, to July 22, 1955, that I last saw the deceased alive on July 22, 1955, and that death occurred at 11:20 P M, from the causes and on the date stated above.
SIGNATURE AND M. D. Ronald Flowers
ADDRESS 5432 Queens Chapel Rd Hyattsville Md
DATE SIGNED 7/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/25/55
NAME OF CEMETERY OR CREMATORY Edwardsville
LOCATION (City, town, or county) (State) Edwardsville, Pa.

DATE REC'D BY LOCAL REGISTRAR 7/26/55
REGISTRAR'S SIGNATURE Amanda Young Mrs. Geo. Young Deputy
24. FUNERAL DIRECTOR Valley Funeral Home
ADDRESS 3200-RI. AVE. Mt. Rainier,

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06983

6971

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale 25
STREET ADDRESS (If rural give location) 6307-46th Ave.

3. NAME OF DECEASED: (Type or Print) (First) Karl (Middle) A. (Last) Krauss
4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1955
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 5/8/1882
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Furniture
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Louis L. Krauss
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
16. SOCIAL SECURITY NO. (If Yes, give war or dates of service) 578-01-6119
17. INFORMANT & ADDRESS: Mrs. Camille R. Eades address above - Daughter

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion — 5 minutes

ANTECEDENT CAUSE (B) DUE TO Hypertensive Cardio-Vascular Disease — 6 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/7 ..., 1947, to 7/21 ..., 1955, that I last saw the deceased alive on 7/21 ..., 1955, and that death occurred at 8:45 P.M., from the causes and on the date stated above.
SIGNATURE C. C. Hageage M.D. ADDRESS Mt. Rainier, Md. DATE SIGNED 7/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/25/55
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR 7/23/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Hyattsville Funeral Home Inc. ADDRESS 3200-R.I. Ave. Mt. Rainier, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6972

CERTIFICATE OF DEATH

'06984

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince Georges' | MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Beverly | LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges' General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges'
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beverly
STREET ADDRESS (If rural give location) 2511 Valley Way

3. NAME OF DECEASED (Type or Print): First: Leslie (Middle): FRANKLIN (Last): LeCompte

4. DATE OF DEATH: (Month) 7 (Day) 4 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: 1-31-03 | 9. AGE last birthday: 52 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Printer | 10B. KIND OF BUSINESS OR INDUSTRY: Printing | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George T. LeCompte | 14. MOTHER'S MAIDEN NAME: Lillian Spicer

15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) Yes | (If Yes, give war or dates of service) W.W.I | 16. SOCIAL SECURITY NO. [illegible] | 17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.0	(A) Infarction of myocardium	3 hrs
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Occlusion of coronary artery	3 hrs
	(C) DUE TO Arteriosclerotic Ht. disease	Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 July 1955, to 4 July, 1955 that I last saw the deceased alive on 4 July, 1955, and that death occurred at 9:30 A.M. from the causes and on the date stated above.

SIGNATURE John K. Lehr ADDRESS M. D. Beverly, Md. DATE SIGNED 7/4/55

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7/7/1955 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery | LOCATION (City, town, or county) Suitland, Pr. Geo. Co. | (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR 7/7/55 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR W. W. Chambers Co. | ADDRESS Riverdale, Md.

06985

6973 Item 14, File 303 7-11-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

9/1/59 V 7V

1. PLACE OF DEATH:
COUNTY Prince Georges' MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 9 hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges'
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Pines
STREET ADDRESS (If rural give location) 5822 - 66th Avenue

3. NAME OF DECEASED: (Type or Print) (First) Scott (Middle) — (Last) Lewis

4. DATE OF DEATH: (Month) 7 (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: [illegible]

9. AGE last birthday — yrs. IF UNDER 1 YEAR: Months 6 Days | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Lewis

14. MOTHER'S MAIDEN NAME: Mary Hersey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) DUE TO CONGENITAL HT. DISEASE

(C) INTRA-AURICULAR SEPTAL DEFECT AND INTRA VENTRIC

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. SEPT DEFECT

Present at birth

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1955, to 7/4, 1955, that I last saw the deceased alive on 7/4, 1955, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

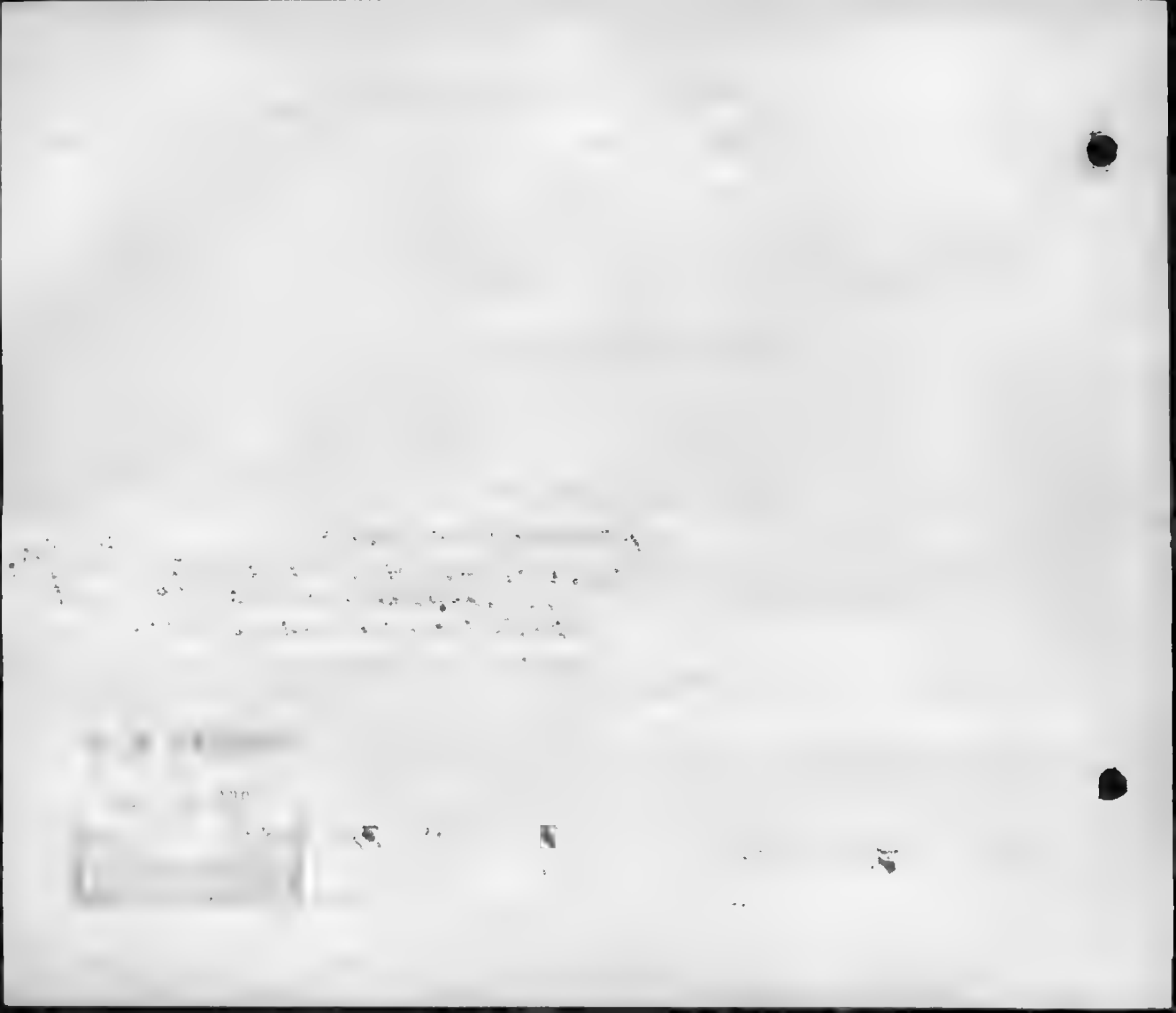
SIGNATURE John Kehne M. D. ADDRESS Cheverly Md DATE SIGNED 7/5/55

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7/8/1955 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/5/55

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Robert A Mattingly ADDRESS Washington D.C.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06986

CERTIFICATE OF DEATH

7113

Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY Prince George's Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Suitland
LENGTH OF STAY (in this place) 30 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Pr. Geo's Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland X
STREET ADDRESS (If rural give location) 4723- Suitland Road S. E. 1

3. NAME OF DECEASED: (Type or Print) (First) HELEN (Middle) M. (Last) MAGILL

4. DATE OF DEATH: (Month) July (Day) 20th. (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 14- 1901

9. AGE last birthday 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Kenney.

14. MOTHER'S MAIDEN NAME: Flora Kreglo

15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS. James M. Magill, 4723 Suitland Rd. S. E.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170X
IMMEDIATE CAUSE (A) Carcinoma of Liver — 5 mos

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C) Carcinoma of Breast — 3 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: May 1955 | 19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Liver, with metastases | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1955, to July 20, 1955 that I last saw the deceased alive on July 20, 1955, and that death occurred at 5:10 P M, from the causes and on the date stated above.

SIGNATURE John J. Beasley M.D. ADDRESS 2904 Rhode Island Ave Hyattsville Md DATE SIGNED 7-20-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: July 23-1955 | NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery | LOCATION (City, town, or county) (State): Suitalnd, Maryland.

DATE REC'D BY LOCAL REGISTRAR: July 20-55 | REGISTRAR'S SIGNATURE: Edna F. Gillis

24. FUNERAL DIRECTOR: Simmons Bros. ADDRESS: 1661- Good Hope Road S.E. D.C.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

06987

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7114

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7200 Taylor St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills X
STREET ADDRESS (If rural, give location) 7200 Taylor st. 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LOTTIE		MARSDEN	7	29	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F	W	married	1-24-1904	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Nebraska
12. CITIZEN OF WHAT COUNTRY? P.G.

13. FATHER'S NAME Elmer E. Reese
14. MOTHER'S MAIDEN NAME Nettie Pitzer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Stanley J. Marsden Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170X
Immediate cause (a) Myo Cardial Failure — 2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis Obliterans
(c) Metastasis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED Whlle at Work ☐ Not Whlle At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 27, 19 55 to July 29, 19 55, that I last saw the deceased alive on July 29, 19 55, and that death occurred at 11:50 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Stan D Lawson Jr M.D. 4000 Blademsburg Rd. 7-29-55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-31-55	[illegible]	[illegible]

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 29-55	Carrie F. Campbell	[illegible]	[illegible]

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Approved by Dr. John Maloney

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06988

6935

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier
LENGTH OF STAY (In this place) 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo's.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural give location) 3204 Bunker Hill Rd.

3. NAME OF DECEASED: (First) Seth (Middle) John (Last) Martin
4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: Feb. 22, 1881
9. AGE last birthday: 74 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Photo Engraver
10B. KIND OF BUSINESS OR INDUSTRY: Graphic Arts
11. BIRTHPLACE (State or foreign country): Harpoot, Armenia
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Nahibib Harpoot
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO 214-01-2525
17. INFORMANT & ADDRESS: Catherine F. Martin (Wife)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44 - X
IMMEDIATE CAUSE (A) Hypertensive Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 12, 1950 to July 5, 1955 that I last saw the deceased alive on 7/5, 1955 and that death occurred at 6:45 P. M, from the causes and on the date stated above.
SIGNATURE Charles C. Hageage M. D. ADDRESS Mt. Rainier, Md. DATE SIGNED 7/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/6/55
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR July 8 1955
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy
24. FUNERAL DIRECTOR Parker Funeral Home, Inc.
ADDRESS 3200 - R.I. Ave. Mt. Rainier, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06989

7115 Item 9, Filmed 8-19-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Suitland
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suitland Care Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47x3
STREET ADDRESS (If rural give location) 1436 W St S.E. ✓

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Lucinda (Last) McConkie

4. DATE OF DEATH: (Month) 7 (Day) 26 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: 8/3/1876 | 9. AGE last birthday: 78 78 yrs | IF UNDER 1 YEAR: Months 11, Days 23 | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Southern K. Golden

14. MOTHER'S MAIDEN NAME: Alice Edmonston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO. (If Yes, give war or dates of service) None

17. INFORMANT & ADDRESS. Curtis Hildebrand 1436 W St S.E.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Coronary Artery Disease — Years
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1944 to July 26 1955, that I last saw the deceased alive on July 25, 1955, and that death occurred at 10.05 PM, from the causes and on the date stated above.

SIGNATURE W R Clements M.D. ADDRESS 110 13th S E Washdc DATE SIGNED 7/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7/29/55 | NAME OF CEMETERY OR CREMATORY Glenwood | LOCATION (City, town, or county) (State) Wash. D. C.

DATE REC'D BY LOCAL REGISTRAR 7/27/55 | REGISTRAR'S SIGNATURE Carrie F. Campbell | 24. FUNERAL DIRECTOR See Funeral Home. | ADDRESS D C

VS. A15—1M-5

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06990

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7 16

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH
COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
LENGTH OF STAY (In this place) 73 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1400 Chesnut Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Pr. Ges.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural, give location) 1400 Chesnut Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Arthur	Evans	Menafee	July	3	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Wht	Widowed	Nov. 25, 1873	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Foreman	Railroad	Berger W. Va	U.S.

13. FATHER'S NAME: William Benton
14. MOTHER'S MAIDEN NAME: Harriet V. Stone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	Unknown	Mrs. Margaret Kline - Bowie, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 10 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 45, to 7/3 55, that I last saw the deceased alive on 7/1 55, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert S McCreary	M.D.	402 Main St Laurel Md	7/3/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	7-3-55	Rose Hill Cemetery	Cumberland Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
7-3-55	Agnes M. Youngkins	Martin W. Hysong Co.	1320 N St. N.W.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06091

CERTIFICATE OF DEATH

7317 Reg. Dist. No. 242

1. PLACE OF DEATH: 5106 Harper st. Dalton Pk.
COUNTY Prince Georges County. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: same.
STATE COUNTY X
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 5106 Harper st. Dalton Park.

3. NAME OF DECEASED: (First) OTTILLIA (Middle) (Last) MILLER.
4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED
8. DATE OF BIRTH: Sept 1, 1876
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York City N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ANDREW HARTMANN
14. MOTHER'S MAIDEN NAME: KATHERYN KIES

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None.
17. INFORMANT & ADDRESS: MRS MARY SELLMAN - same address.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 429.0 CONGESTIVE HEART FAILURE — Interval Between Onset And Death 1½ yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ARTERIOSCLEROTIC HEART DISEASE

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Condition: contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROSIS OBLITERANS

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1954, to 29 July, 1955, that I last saw the deceased alive on 28 July 1955, and that death occurred at 12:20 PM from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thomas J. Mulvey M.D. 4814-71st ave Lanham Md. 7-29-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-31-1955
NAME OF CEMETERY OR CREMATORY Calvary
LOCATION (City, town, or county) (State) Berwyn

DATE REC'D BY LOCAL REGISTRAR 7-29-55
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR ADDRESS J. Wm Lee Sons Co - Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

6932 06992

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hyattsville. 15
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4710-40th Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville 15
STREET ADDRESS (If rural, give location) 4710-40th Avenue 1

3. NAME OF DECEASED: (Type or Print) (First) Philip (Middle) Sheridan (Last) Mitchell
4. DATE OF DEATH (Month) (Day) (Year) 7-13-1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 12-21-94
9. AGE Last birthday: 60 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Plate Printer
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oscar V. Mitchell
14. MOTHER'S MAIDEN NAME: Josephine Foertsch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: -
17. INFORMANT & ADDRESS: Jessie V. Mitchell. Same address Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
9"4X
Immediate cause (a) Strangulation DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hanging DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home
21c. (City or town) Hyattsville - Pr. Geo - (County) (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 7-13-55 4 M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Hanging -

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7-12-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 7/14/55
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. July 14 1955
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy
24. FUNERAL DIRECTOR Gascha Sons Hyattsville, Md
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06993

6939

CERTIFICATE OF DEATH

Reg. Dist. No. 2H5

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 07 6726 Conway Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park 17
STREET ADDRESS (If rural give location) 6726 Conway Avenue

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) LEO (Last) MOONEY

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: August 21. 1880

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bricklayer

10B. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Mooney

14. MOTHER'S MAIDEN NAME: Annie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Esther Mooney, 6726 Conway Ave. T.P.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Thrombosis Coronary	1 day
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Atherosclerosis DUE TO	10+ yrs
	(C) Hypertension	10+ yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Partial left hemiplegia	

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 29 1941, to July 27, 1955, that I last saw the deceased alive on July 27 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE W. F. McAtee M.D. M.D. ADDRESS Takoma Park Md. DATE SIGNED 7/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF July 29. 1955

NAME OF CEMETERY OR CREMATORY Union Cemetery

LOCATION (City, town, or county) (State) Rockville, Md.

DATE REC'D BY LOCAL REGISTRAR July 27 1955

REGISTRAR'S SIGNATURE Mrs. Jas Serrere Deputy

24. FUNERAL DIRECTOR J. Arthur Walters

ADDRESS 254 Carroll St. NW D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

06994

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

7119

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Accokeek
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Potomac River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Elizabeth	(Middle)	(Last) Moreland	4. DATE OF DEATH (Month) 7	(Day) 27	(Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Female	White	Married	6-25-[illegible]	[illegible] yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	[illegible]	Penn	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Howard Hoskins	[illegible] Coolidge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		[illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8

Immediate cause (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) drowning

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ CONTRIBUTING ☐ CAUSE OF DEATH | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Place of death | (CITY OR TOWN) Accokeek | (COUNTY) P.G. | (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 7 26 55 P m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Fell into river

22. I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
James D. Ford	Forestville Md	7-27-55

CREMATION	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7-30-55	Funkhouser Cemet.	[illegible]	Md

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	23. FUNERAL DIRECTOR	ADDRESS
7-29-55	Harriet Mullen Mrs. Carrie Campbell	[illegible]	[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

06995

MARYLAND — **STATE DEPARTMETT OF HEALTH**

6974 CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) 22 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47 X 3
STREET ADDRESS (If rural, give location) 1221 Massachusetts Ave.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) INGALLS (Last) MORRIS
4. DATE OF DEATH: (Month) 7 (Day) 12 (Year) 1955

5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~. (Specify)
8. DATE OF BIRTH 1-10-1871
9. AGE last birthday 84 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Not any
10b. KIND OF BUSINESS OR INDUSTRY Not any
11. BIRTHPLACE (State or foreign country) Brooklyn N.Y.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Charles Henry Ingalls
14. MOTHER'S MAIDEN NAME Mary Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Supt. Epiphany Mrs. Ella Fathen Church Home Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) Chronic Myocarditis — Interval between onset and death: Many Years

Antecedent cause(s) (b) Chronic Endocarditis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) General + Cerebral Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-20, 1955, to 7-12, 1955; that I last saw the deceased alive on 7-11, 1955, and that death occurred at 3:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James P. Sands M.D. — ADDRESS Laurel Sanitorium Laurel, Md — DATE SIGNED 7-12-55

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE 7-15-55 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery — LOCATION (City, town, or county) Suitland — (State) Md

DATE REC'D BY LOCAL REG. July 12-55 — REGISTRAR'S SIGNATURE M. Brashears

24. FUNERAL DIRECTOR Joseph Sanders Sons — ADDRESS 1756 Pa Ave. N.W.

MARGIN RESERVED FOR BINDING

7-19

06996

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendly; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5207 Lee Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Prince William; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Manassas; STREET ADDRESS (If rural, give location) R.F.D. #4

3. NAME OF DECEASED: (Type or Print) (First) Lottie (Middle) P (Last) Moss

4. DATE OF DEATH (Month) 7 (Day) 8 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb 17 1883

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Frank Perkins

14. MOTHER'S MAIDEN NAME: Sarah Jane Robey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Evelyn Carey 5207 Lee Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Boyd M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7-8-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF July 11-55 | NAME OF CEMETERY OR CREMATORY Sudley Methodist Cemetery | LOCATION (City, town, or county) Sudley | (State) Va

DATE REC'D BY LOCAL REG. July 8-55 | REGISTRAR'S SIGNATURE Edna F. Collins

24. FUNERAL DIRECTOR Simmons Bros. | ADDRESS 1661 Good Hope Rd Wash 20 D C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06997

CERTIFICATE OF DEATH

7120

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY PRINCE GEORGE MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) HILLCREST HEIGHTS
LENGTH OF STAY (in this place) 5 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2608 CATSKILL ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY PRINCE GEO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HILLCREST HEIGHTS
STREET ADDRESS (If rural give location) 2608 CATSKILL ST.

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) E (Last) NELSON

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 19 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: JAN 5 1876

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME.

11 BIRTHPLACE (State or foreign country): NORWAY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: JOHN EVANS - 2608 CATSKILL ST. HILLCREST HTS Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Hypertensive Cardio-Vascular Disease

DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/3, 1955, to 7/17, 1955, that I last saw the deceased alive on 7/11, 1955, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward Lenhardt, M.D. ADDRESS 2901 Fairlawn St. S.E DATE SIGNED 7/19/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7/21/55 NAME OF CEMETERY OR CREMATORY FT. LINCOLN CEM. LOCATION (City, town, or county) COLMAR MANOR (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 18th 1955 REGISTRAR'S SIGNATURE Mrs. Jas Devere (Deputy)

24. FUNERAL DIRECTOR THE S. H. HINES CO. ADDRESS 2901-14th St N.W. WASHINGTON D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06098

6975

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly md — LENGTH OF STAY (in this place) 2hrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Nosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Heights. — STREET ADDRESS (If rural give location) 1404 Banker Hill Rd

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) (Last) ORRISON

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1955

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Sep. — 8. DATE OF BIRTH: 4 Apr 1888 — 9. AGE last birthday: 67 yrs — IF UNDER 1 YEAR: Months — IF UNDER 24 HRS: Days, Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 10B. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): D.C. — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown — 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT & ADDRESS.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE: 442X — (A) Congestive Heart Failure — 1 day

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Hypertensive Cardio-Vascular Renal Disease — 10 years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma of breast. — 3 years

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15, 1955 to July 4, 1955 that I last saw the deceased alive on July 4, 1955, and that death occurred at 1:45 P M, from the causes and on the date stated above.

SIGNATURE William Brannin M. D. — ADDRESS Capitol Hgts Md — DATE SIGNED 7/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation — DATE THEREOF 7/7/55 — NAME OF CEMETERY OR CREMATORY Lee Crematorium — LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 7/4/55 — REGISTRAR'S SIGNATURE Amanda Denney — 24. FUNERAL DIRECTOR J. Wm Lee Funeral Co — ADDRESS Wash D.C.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7-2

06999

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxen Hill
LENGTH OF STAY (in this place) transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Potomac River

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3766 Heyes Street N. E.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Fletcher	Paige	July	17	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Married	September 8, 27	28 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Binding Operator	Government	Washington, D. C.	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Harvey H. Paige	Sadie E. Boldering

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WW 2		Ernest L. Paige 605 Otis Place N. E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Drowning	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY	21c. (City or town) (County) (State)
	Potomac River	Oxen Hill Prince George's Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
7 17 55 3:15 P.M.		Drowned while swimming.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Ernest L. Paige M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 7/17/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-21-55	Arlington National Cemetery	Arlington Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/18/55	Carrie F. Campbell	Robert H. McClure	1820-9th N.W. Wash. D.C.

7122

07000

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 542

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill
LENGTH OF STAY (In this place) transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Front of 3706 Aberdeen St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Hill
STREET ADDRESS (If rural, give location) 3713 Aberdeen Street

3. NAME OF DECEASED: (Type or Print) (First) Atanasio (Middle) (Last) Palillo

4. DATE OF DEATH (Month) July (Day) 24 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6/17/24 1884

9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Produce

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francesco Palillo

14. MOTHER'S MAIDEN NAME: Giacoma Di Maggio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Charles Abbate, 3713 Aberdeen Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hemorrhage and Shock

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Gun shot wound of the head.

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, other bldg., etc.) INJURY Aberdeen St.

21c. (City or town) Silver Hill (County) P. G. (State) Md.

21d. TIME OF INJURY (Month) 7 (Day) 24 (Year) 55 (Hour) AM.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Shot self in head with pistol.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE James F. Pond M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 7-24-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7/27/55

NAME OF CEMETERY OR CREMATORY Mt Olivet

LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. July 26-55

REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR W. W. Chambers Co.

ADDRESS 517 11th St SE

07001

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6976

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The * correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Beverly. Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale 25
STREET ADDRESS (If rural give location) 4105 - Rhode Island Ave

3. NAME OF DECEASED: (First) Robert (Middle) (Last) PAUL
4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: MAR. 9, 1888
9. AGE last birthday 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Horace Paul
14. MOTHER'S MAIDEN NAME: Christena Schoemacher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
296X
IMMEDIATE CAUSE (A) DUE TO Cerebral Hemorrhage
ANTECEDENT CAUSE (B) DUE TO Hemorrhagic Purpura
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to July 19 55, that I last saw the deceased alive on July 22 19 55, and that death occurred at M, from the causes and on the date stated above.
SIGNATURE M. D. ADDRESS College Park Md DATE SIGNED 7/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF 7-26-55
NAME OF CEMETERY OR CREMATORY Mount Lamel Cemetery
LOCATION (City, town, or county) Pottsville Pa. (State)

DATE REC'D BY LOCAL REGISTRAR July 23, 1955
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR ADDRESS L. Hercha Sons Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

697 Items 8,9, Filed 3/-11-56 at

07002

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George Chester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 5 hr 55 mn
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural give location) 5802 Greenleaf

3. NAME OF DECEASED. (Type or Print) (First) David (Middle) H. (Last) Pearce

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M | 8. DATE OF BIRTH: Sept 9 1898 | 9. AGE last birthday: 57 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mech. Engineer - G.S.A. | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) ACUTE MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO ARTERIOSCLEROTIC HEART DISEASE — 2 years

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1955 to July 5, 1955, that I last saw the deceased alive on July 5, 1955, and that death occurred at 11 05 A.M. from the causes and on the date stated above.

SIGNATURE William Daniel Conneau M.D. ADDRESS 3505 Perry St Mt. Rainier Md DATE SIGNED 7/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7/8/55 | NAME OF CEMETERY OR CREMATORY Arlington Natl | LOCATION (City, town, or county) Arlington, Va (State)

DATE REC'D BY LOCAL REGISTRAR 7/8/55 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR J. Wm Lee Sons Co - Wash., D.C. | ADDRESS

Please write carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07003

6926

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince Geo MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN College Park
LENGTH OF STAY (in this place) 12 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7013 Wake Forest Dr

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarm Md
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) GOTT (Last) PEARCE

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 7, 1870

9. AGE last birthday: 84 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John C Pearce

14. MOTHER'S MAIDEN NAME: Sarah A Woods

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Mrs Doris Pearce College Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1777

Immediate cause (a) Metastatic Carcinoma Prostate — Interval Between Onset and Death —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Prostate

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION 1947

19b. MAJOR FINDINGS OF OPERATION as above

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Weather

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1947, 19..., to July, 1955, that I last saw the deceased alive on June 22, 1955, and that death occurred at 7:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. Etienne M.D. ADDRESS College Park Md DATE SIGNED 7/11/55

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF July 14, 1955 | NAME OF CEMETERY OR CREMATORY Prospect Hill Park Cemetery | LOCATION (City, town, or county) (State) Lawson Md

DATE REC'D BY LOCAL REG. 7/13/55 | REGISTRAR'S SIGNATURE John W. Smith Jr | 24. FUNERAL DIRECTOR ADDRESS F Gosche Son Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

07004

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7-123

CERTIFICATE OF DEATH

Reg. Dist. No. 2345

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Guilmstown Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md 15
STREET ADDRESS (If rural give location) 3913 Nicholson st

3. NAME OF DECEASED: (First) LAWRENCE (Middle) AUGUSTUS (Last) PEFFERLY
4. DATE OF DEATH: (Month) July (Day) 8, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	March 23-1903	52 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sculpture
10B. KIND OF BUSINESS OR INDUSTRY: Catholic University
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Lawrence A Pefferly
14. MOTHER'S MAIDEN NAME: Ann Baur

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Ann Pefferly Hyattsville Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 IMMEDIATE CAUSE	(A) Acute Coronary Thrombosis	Immediate
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Arteriosclerotic Heart Dis	4 Mos
	DUE TO (C) Congestive Heart Failure	2 Wks
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1955, to July 8, 1955, that I last saw the deceased alive on July 6, 1955, and that death occurred at 2 P M, from the causes and on the date stated above.
SIGNATURE L E Mahan M.D. ADDRESS Riverdale Md DATE SIGNED 7/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/12/55	Fort Lincoln	Colmar Manor, Md

DATE REC'D BY LOCAL REGISTRAR July 11 1955 REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Asst.)
24. FUNERAL DIRECTOR & ADDRESS F Gascha Sons Hyattsville Md.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

7124 — 07005 — Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adelphi Md — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS 8001 Riggs Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince Georges — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adelphi - west Hyattsville Md — STREET ADDRESS (If rural give location) 8001 Riggs Rd

3. NAME OF DECEASED: (First) JOSEPH (Middle) A. (Last) PHELPS

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1955

5. SEX: Male — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married — 8. DATE OF BIRTH: June 6. 1895 — 9. AGE last birthday 60 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. (Do not use retired)): Capital Donut Motorman — 10B. KIND OF BUSINESS OR INDUSTRY: street car — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Phelps — 14. MOTHER'S MAIDEN NAME: Caroline Bashland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT & ADDRESS: Lillian M Phelps west Hyattsville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerotic Heart Disease — 5 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1954, to 4 July, 1955, that I last saw the deceased alive on 30 June, 1955, and that death occurred at 3 05 AM, from the causes and on the date stated above.

SIGNATURE Leon L Gollin M. D. — ADDRESS Md. Rainier — DATE SIGNED 4 July 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF June 8, 1955 — NAME OF CEMETERY OR CREMATORY George Washington — LOCATION (City, town, or county) (State) Hyattsville, Md

DATE REC'D BY LOCAL REGISTRAR July 7th 1955 — REGISTRAR'S SIGNATURE Mrs. Jas. Revere Deputy — 24. FUNERAL DIRECTOR & ADDRESS F Gaeta's Sons Hyattsville, Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — 8700231

7-125

CERTIFICATE OF DEATH

Reg. Dist. No. 2445

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cottage City
LENGTH OF STAY (in this place) 32 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4006-Parkwood St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cottage City
STREET ADDRESS (If rural give location) 4006-Parkwood St.

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Reagan (Last) Pipkin

4. DATE OF DEATH: (Month) 7 (Day) 8 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: Feb. 3, 1868
9. AGE last birthday 87 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ignatious Brown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: John F. Reagan, address above, son

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X IMMEDIATE CAUSE (A) C.V.A.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Hypertensive Cardio renal disease

DUE TO (C) Diabetes

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/10, 1940 to 7/8, 1955, that I last saw the deceased alive on 7/8, 1955, and that death occurred at 2:30 P.M, from the causes and on the date stated above.

SIGNATURE Dr. Wagner — ADDRESS M.D. 277-3844 Ga. — DATE SIGNED 7/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 7/11/55
NAME OF CEMETERY OR CREMATORY: Fort Lincoln
LOCATION (City, town, or county) (State): Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR: July 10 1955
REGISTRAR'S SIGNATURE: James Berry
24. FUNERAL DIRECTOR: Leland Funeral Home, Inc. ADDRESS: 3200-R.I. Ave. Mt. Rainier, Md.

7/12/55

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6979

070017

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheltenham — LENGTH OF STAY (in this place) 2 days
38 HOSPITAL OR INSTITUTION OR 77 STREET ADDRESS Prince Georges Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY P. G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Benjamin (Last) Posey

4. DATE OF DEATH: (Month) 7 (Day) 4 (Year) 1955

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M — 8. DATE OF BIRTH: 8-24-92 — 9. AGE last birthday 62 yrs. | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tobacco Specialist — 10B. KIND OF BUSINESS OR INDUSTRY: State of Md. — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Berry Posey — 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT & ADDRESS: Mrs. Mary W. Posey Upper Marlboro, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

451 X

IMMEDIATE CAUSE (A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S) DUE TO (B) Aneurysm of Ascending Aorta — Unk

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST — DUE TO (C) Generalized Arteriosclerosis — Unk

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 July 1955, to 4 July, 1955, that I last saw the deceased alive on 4 July, 1955, and that death occurred at 1 P. M. from the causes and on the date stated above.

SIGNATURE R. R. Larsen M. D. — ADDRESS Upper Marlboro, Md. — DATE SIGNED July 7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7/8/55 — NAME OF CEMETERY OR CREMATORY Trinity Cemetery — LOCATION (City, town, or county) (State) Upper Marlboro, Md.

DATE REC'D BY LOCAL REGISTRAR 7/9/55 — REGISTRAR'S SIGNATURE Amanda Denney — 24. FUNERAL DIRECTOR ADDRESS Ritchie Bros. Upper Marlboro, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

6979

07608

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cheverly
LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General 4641 Kenilworth Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville 15
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) ELIZABETH (Last) Reed

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: July 15, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months IF UNDER 24 HRS Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Johann Blumenberg

14. MOTHER'S MAIDEN NAME: Regina ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no

(If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Hospital Records Cheverly, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

IMMEDIATE CAUSE (A) Carcinoma, stomach DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis

19A. DATE OF OPERATION: 7-6-55

19B. MAJOR FINDINGS OF OPERATION: Exploratory laparotomy Carcinoma of stomach

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-4, 1955 to 7-13, 1955 that I last saw the deceased alive on 7-12, 1955, and that death occurred at 10 A.M. from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS 1146 Kenilworth DATE SIGNED 7-13-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 7/16/55

NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery

LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REGISTRAR: 7/14/55

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: F Gosch's Sons ADDRESS: Hyattsville, Md

07069

231

6980

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cleverly; LENGTH OF STAY (in this place) 4 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethesda Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 4 1/2 ; STREET ADDRESS (If rural, give location) 3823 Fessenden St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Susan (Middle) V. (Last) Reinburg

4. DATE OF DEATH: (Month) July (Day) 9th (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 2/14/87

9. AGE last birthday: 68 yrs. If under 1 year: Months; If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Employee

10b. KIND OF BUSINESS OR INDUSTRY: Bureau of Engraving

11. BIRTHPLACE (State or foreign country): New York City, N.Y.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edward Thomas Kelso

14. MOTHER'S MAIDEN NAME: Susan Weldon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: James Kelso, address above Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 442X Cerebral Thrombosis — Interval Between Onset and Death: 1 day

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio Vascular Renal Disease — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to July 8, 1955, that I last saw the deceased alive on July 8, 1955, and that death occurred at 3:20 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert R. Hatfield Md ADDRESS: 1222 Monroe St NE DATE SIGNED: 7/9/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 7/12/55 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: July 12 1955 — REGISTRAR'S SIGNATURE: James Dewey — 7/12/55 Amanda Dewey

24. FUNERAL DIRECTOR: Hartig Funeral Home, Inc. — ADDRESS: 3200 Rhode Island Ave. Mt. Rainier, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07010

6981

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
   COUNTY Prince Georges — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beverly — LENGTH OF STAY (In this place) 11 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 3811 Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Md. — COUNTY Prince Georges
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
   STREET ADDRESS (If rural give location) 3701 Nicholson Street

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Otto (Last) Rolle

4. DATE OF DEATH: (Month) 7 (Day) 1 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 8-29-1890

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Specialist

10B. KIND OF BUSINESS OR INDUSTRY: Machines

11. BIRTHPLACE (State or foreign country): New York City N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Otto Robert Rolle

14. MOTHER'S MAIDEN NAME: Emma Kolkort

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

600.0

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Chronic Pyelonephritis — Years

DUE TO (C) Carcinoma of the Bladder — 2 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic Cardiovascular Disease — 3 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 54, to July 1, 19 55, that I last saw the deceased alive on July 1, 19 55, and that death occurred at 1/4 AM, from the causes and on the date stated above.

SIGNATURE Robert Rolle M.D — ADDRESS 4432 Queens Chapel Rd Hyattsville Md — DATE SIGNED 7/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF 7/5/1955 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cem. — LOCATION (City, town, or county) (State): College Manor, P.G. Co. Md.

DATE REC'D BY LOCAL REGISTRAR: 7/6/55 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: W. W. Cummings — ADDRESS: Riverdale Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07011

6982

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges — Capital Heights MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 36
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 807-61st Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Capital Hgts.
STREET ADDRESS (If rural give location): 807 - 61st Ave.

3. NAME OF DECEASED: (First) JOHN (Middle) H (Last) ROYSE

4. DATE OF DEATH: (Month) July (Day) 13, (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated.
8. DATE OF BIRTH: Dec. 25, 1886
9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Handy Man
10B. KIND OF BUSINESS OR INDUSTRY: Naval Gun Factory
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Royse
14. MOTHER'S MAIDEN NAME: Ida Lovejoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) W.W.I
16. SOCIAL SECURITY NO. Unknown.
17. INFORMANT & ADDRESS: Mary A. King. (sister) 826-61st Ave., Capt. Hgts. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442.X
IMMEDIATE CAUSE (A) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cardio - Renal — 5 years

DUE TO (C) Hypertension

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1955, to July 13, 1955, that I last saw the deceased alive on July 10, 1955 and that death occurred at 1:30 A M, from the causes and on the date stated above.
SIGNATURE Hunter Bradley
ADDRESS 25-N St. Washington
M. D.
DATE SIGNED 7/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 7/15/55
NAME OF CEMETERY OR CREMATORY: Arlington Nat
LOCATION (City, town, or county) (State): Ft. Myer, Va.

DATE REC'D BY LOCAL REGISTRAR: 7-14-55
REGISTRAR'S SIGNATURE: Carrie F. Campbell
24. FUNERAL DIRECTOR: W.W. Chambers Co.
ADDRESS: Riverdale, Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07012

6983

CERTIFICATE OF DEATH

Reg. Dist. No. ..

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md. LENGTH OF STAY (In this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waterloo, Maryland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) Irene (Last) Saunders
4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1955
5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: 1/27/07
9. AGE last birthday: 48 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: DOMESTIC
11. BIRTHPLACE (State or foreign country): BALTO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MASON BROWN
14. MOTHER'S MAIDEN NAME: ALICE GLEEM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. 212-32-2138
17. INFORMANT & ADDRESS: PERCY SAUNDERS (S) 2119 W. MULBERRY S

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE 331X
(A) Cerebral Hemorrhage
ANTECEDENT CAUSE (S):
DUE TO (B) Cerebral Arteriosclerosis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (260X)
DUE TO (C)
INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/9/55, 4:45 P.M., to 7/18/55, that I last saw the deceased alive on 7/17/55, and that death occurred at 4:45 P.M. from the causes and on the date stated above.
SIGNATURE Elle. Etienne M.D. ADDRESS College Park Md. DATE SIGNED 7/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/22/55
NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.
LOCATION (City, town, or county) A.A. County Md. (State)

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Chas Hurst
ADDRESS 512 Cameron Ave.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

698 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07013

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly; LENGTH OF STAY (In this place) 10 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton; STREET ADDRESS (If rural give location) Rt 2 - Box 270 A; X 1

3. NAME OF DECEASED (Type or Print): (First) Marquerite (Middle) [illegible] (Last) Schear

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Write): Widowed

8. DATE OF BIRTH: 10-27-1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired): Employed Reg. Nurse

10B. KIND OF BUSINESS OR INDUSTRY: Medical

11. BIRTHPLACE (State or foreign country): Mississippi

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Statistic Card & Mr. Oscar Houser, Rt. 2, Box 270A, Clinton, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

IMMEDIATE CAUSE (A) Chronic Congestive Heart Failure

ANTECEDENT CAUSE (B) DUE TO Hypertension Fibrillation

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Generalized Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/7 1955, to 7/17, 1955, that I last saw the deceased alive on 7/16 1955, and that death occurred at 3:45 P.M. from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS College Park, Md. DATE SIGNED 7/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 7/20/55

NAME OF CEMETERY OR CREMATORY: St. John's Catholic Cem:

LOCATION (City, town, or county) (State): Clinton, Md.

DATE REC'D BY LOCAL REGISTRAR: 7/22/55

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Ritchie Bros. Funeral Home

ADDRESS: Upper Marlboro, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07014

6939

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK
LENGTH OF STAY (in this place) 17
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK 17
STREET ADDRESS (If rural give location) 7322 Glenside Drive

3. NAME OF DECEASED: (Type or Print) (First) ANDREW (Middle) CLINTON (Last) SEITZ

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 10-1892

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Never (If retired): SUPERINTENDENT

10b. KIND OF BUSINESS OR INDUSTRY: PLUMING FIRM.

11. BIRTHPLACE (State or foreign country): WASHINGTON - D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: A. CLINTON SEITZ

14. MOTHER'S MAIDEN NAME: MARY ROSALI HUNTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: MRS-A.P. CRENSHAW 3002 RODMAN WASH. D.C.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
150 X IMMEDIATE CAUSE	(A) Pulmonary failure	2 days.
ANTECEDENT CAUSE (B): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Metastatic carcinoma	6 mos
	DUE TO (C) Carcinoma of esophagus	10 mos.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19a. DATE OF OPERATION: Dec. 1954

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of esophagus

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1954 to July 14, 1955, that I last saw the deceased alive on July 13, 1955, and that death occurred at 12:25 AM, from the causes and on the date stated above.

SIGNATURE James R Coleman MD M. D. ADDRESS 113 Carroll St NW Washington DC DATE SIGNED 7/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL

DATE THEREOF: July 16 1955

NAME OF CEMETERY OR CREMATORY: OAK HILL

LOCATION (City, town or county) (State): WASHINGTON - D.C.

DATE REC'D BY LOCAL REGISTRAR: July 14, 1955

REGISTRAR'S SIGNATURE: Mrs Jas. Devere (Deputy)

24. FUNERAL DIRECTOR: The D.A. Hines Co

ADDRESS: 2901-14 St. N.W. WASHINGTON, D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7025

CERTIFICATE OF DEATH

07015

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) West Hyattsville
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2733 Nicholson Street

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) West Hyattsville
STREET ADDRESS 2733 (If rural give location) Nicholson Street

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) ETHEL (Last) SHAW

4. DATE OF DEATH: (Month) July (Day) 6th, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Aug. 21st, 1872

9. AGE last birthday 82 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Quincy, Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Ater

14. MOTHER'S MAIDEN NAME: Carrie Castle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: George B. Kirkpatrick, 3810 Oglethorpe Hyattsville, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Inoperable Carcinoma of Ovaries ? DUE TO — INTERVAL BETWEEN ONSET AND DEATH 7 yrs ?

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Old Age

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION 0

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1955, to July 4, 1955, that I last saw the deceased alive on July 4, 1955, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

SIGNATURE Michael J Dorsa M.D. ADDRESS 6124 41st Ave Hyattsville DATE SIGNED 7/6/55

M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF July 7/1955

NAME OF CEMETERY OR CREMATORY North Cedar Hill Cem.

LOCATION (City, town, or county) (State) Philadelphia. Penna.

DATE REC'D BY LOCAL REGISTRAR July 7, 1955

REGISTRAR'S SIGNATURE James Dewey

24. FUNERAL DIRECTOR ADDRESS W.W. Chambers Company, Riverdale, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07016

6985

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; LENGTH OF STAY (in this place) 10 Years. HOSPITAL OR INSTITUTION OR STREET ADDRESS 5103 43rd Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY P.G. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville. STREET ADDRESS (If rural, give location) 5103 43rd Avenue

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Mary	R.	Smith		July	28,	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Feb. 18, 1907	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerical Clerk	Hecht Co.	Washington D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Wesley Smith	Lillie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO		James A. Smith Jr. 5103 43rd Ave. Hyatt. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Heart Disease	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
/ /		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from V-V, 19V3, to 7-28, 19VV, that I last saw the deceased alive on 7-26, 19VV, and that death occurred at 7:40a.m., from the causes and on the date stated above.

SIGNATURE Randall Reardon Jr. (Degree or title) ADDRESS VV32 Queens Chapel Rd, Hyattsville Md DATE SIGNED 7/29/VV

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 1, 1955	Fort Lincoln	Colmar Manor, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 30 1955	James Devey	F Gasch's sons	Gaithersburg, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07017

7127

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Heights
LENGTH OF STAY (in this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6008 - Lee Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Heights
STREET ADDRESS (If rural, give location) 6008 Lee Place

3. NAME OF DECEASED (Type or Print): (First) Mamie (Middle) Spellman (Last)

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 1883

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Webb Metz

14. MOTHER'S MAIDEN NAME: Ellen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Rebecca A. Peek 6008 - Lee

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Left Ventricular Heart Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fracture Neck of Left Femur - Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. ..., 1955 to July ..., 1955, that I last saw the deceased alive on July 5, 1955, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE: John W. Robinson, MD (Degree or title) ADDRESS 1001 Eastern Ave. N.E. DATE SIGNED 7/5/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/9/55	Woodlawn	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 7, 1955	Carrie F. Campbell	John J. Cusack	30-34 St. N.E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07018

6986

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53 20353925396

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville
STREET ADDRESS (If rural give location) Route #1

3. NAME OF DECEASED: (Type or Print) (First) Cleola (Middle) (Last) Stevenson

4. DATE OF DEATH: (Month) 7 (Day) 25 (Year) 1955

5. SEX: Femak

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Siagle

8. DATE OF BIRTH: 4- -55

9. AGE last birthday: yrs. 3 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): minor

10B. KIND OF BUSINESS OR INDUSTRY: minor

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Stevenson

14. MOTHER'S MAIDEN NAME: Lelia Stevenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS. Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7-7-0 IMMEDIATE CAUSE — (A) Pulmonary Atelectasis — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Mucous obstruction of Tracheotomy — DUE TO — ?

(C) Congenital Paralysis of Vocal Cords — Since birth

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-4 ..., 1955, to 7-25, 1955, that I last saw the deceased alive on 7-25, 1955, and that death occurred at 10 30 A.M., from the causes and on the date stated above.

SIGNATURE John W. Culain M.D. ADDRESS 5301 Hamilton St., Hyatt, Md. DATE SIGNED 7-27-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF 7-27-55 — NAME OF CEMETERY OR CREMATORY Holy Family — LOCATION (City, town, or county) Woodmore (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7/28/55 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Henry S. Washington & Sons — ADDRESS 467 N St NW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07019

6987

CERTIFICATE OF DEATH

Reg. Dist. No. 345

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brentwood
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3717 sheppard st

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Rainier. Md 16
STREET ADDRESS (If rural give location) 3717 sheppard st

3. NAME OF DECEASED (Type or Print): (First) AMELIA (Middle) STOCKEBRAND (Last)

4. DATE OF DEATH: (Month) July (Day) 28, (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Jan 18, 1862

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: George Kinsler

14. MOTHER'S MAIDEN NAME: Marie Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mr A. K stockebrand Brentwood Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

IMMEDIATE CAUSE (A) Generalized Arteriosclerosis DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSE (B) Advanced Years DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1950 to July 28, 1955, that I last saw the deceased alive on 7/28, 1955, and that death occurred at 6 30/A M, from the causes and on the date stated above.

SIGNATURE Charles C. Hageage M. D. ADDRESS Mt. Rainier, Md. DATE SIGNED 7/28/55

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Cremation — DATE THEREOF Aug 1, 1955 — NAME OF CEMETERY OR CREMATORY Fort Lincoln Crematory — LOCATION (City, town or county) Colmar Manor, Md (State)

DATE REC'D BY LOCAL REGISTRAR July 31, 1955 — REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR Baschi sons — ADDRESS Hyattsville Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07020

7129

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 15 West Hyattsville
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lewisdale
STREET ADDRESS (If rural give location) 2004 Avalon Place,

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Petri (Last) Surguy

4. DATE OF DEATH: (Month) 7 (Day) 3 (Year) 1955

5. SEX F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED DIVORCED. (Specify): widow | 8 DATE OF BIRTH: Oct 16, 1870 | 9. AGE last birthday 84 yrs | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: own Home | 11. BIRTHPLACE (State or foreign country): Scotland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Aitchison | 14. MOTHER'S MAIDEN NAME: Agnes Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) ~ | 16. SOCIAL SECURITY NO. — | 17. INFORMANT & ADDRESS 2004 Avalon Pl E.L. McIntosh Lewisdale, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42 yrs

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH about 5 mos.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) attack last Feb. recovery

DUE TO (C) but gradual progressive weakness.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1955 to July 3, 1955 that I last saw the deceased alive on July 1, 1955, and that death occurred at 9 A M. from the causes and on the date stated above.

SIGNATURE Julius M. Green M. D. ADDRESS 7925 16th St. N.W. DATE SIGNED July 3 '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Buried | DATE THEREOF 7-6-1955 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetary | LOCATION (City, town, or county) Prince George Co. Md (State)

DATE REC'D BY LOCAL REGISTRAR July 5/55 | REGISTRAR'S SIGNATURE James Devers | 24. FUNERAL DIRECTOR 2901 14th St N.W. ADDRESS S.H. Hines Co. Washington, D.C.

7029

07021

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
LENGTH OF STAY (In this place) 34 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Schultz Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Clinton
STREET ADDRESS (If rural, give location) 9 Schultz Road

3. NAME OF DECEASED: (Type or Print) (First) Ralph (Middle) August (Last) Taylor

4. DATE OF DEATH (Month) 7 (Day) 19 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug 23, 1899

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy Yard

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph C. Taylor

14. MOTHER'S MAIDEN NAME: Laura Jo Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Joseph C. Taylor, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

420.1
Immediate cause (a) Coronary occlusion
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James D. Boyd M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7-19-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 7-22-1955 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery LOCATION (City, town, or county) Suitland (State) Maryland

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE **24. FUNERAL DIRECTOR** W. W. Chambers Co. ADDRESS Washington, D.C.

VS. A15A - 5 - 53

6989 07022

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Capitol Heights
LENGTH OF STAY (In this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1538 - 60th Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Capitol Heights
STREET ADDRESS (If rural, give location) 1538 - 60th Place

3. NAME OF DECEASED: (First) William (Middle) Wiley (Last) Jester
4. DATE OF DEATH (Month) 7 (Day) 26 (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: June 15, 1902
9. AGE last birthday: 53 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: 578 07 9733
17. INFORMANT & ADDRESS: Verna Sue Jester, spouse

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease
DUE TO
(c)

420.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 7-26-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF July 28, 1955
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/28/55
REGISTRAR'S SIGNATURE Amanda Downey + Carrie F. Campbell
24. FUNERAL DIRECTOR F Gaska & Sons ADDRESS Hyattsville Md

VS. A15A - 5 - 53

07023

6989 Items 13,14 Filed 8-12-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 10 hrs 45 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7700 Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 4712 41st Place

3. NAME OF DECEASED: (Type or Print) (First) Barry (Middle) Gary (Last) Thomas

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1955

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): —

8. DATE OF BIRTH: July 13 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours 10 Min. 45

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: LeRoy Bowman

14. MOTHER'S MAIDEN NAME: Ella Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.5 IMMEDIATE CAUSE (A) Atelectasis (ruptured ?)

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Prematurity

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1955 to July 13, 1955, that I last saw the deceased alive on July 13, 1955, and that death occurred at 12 15 M. from the causes and on the date stated above.

SIGNATURE G. Chris Tenison M D ADDRESS Bridge Lane DATE SIGNED 7/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation DATE THEREOF 7/29/55 NAME OF CEMETERY OR CREMATORY Prince Georges Memorial Park LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REGISTRAR 8/1/55 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Harry B Penny ADDRESS Penny Hyatt

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

6990 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07024

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND; CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Cheverly; LENGTH OF STAY (In this place) Born; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospl

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P.G.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Pk; STREET ADDRESS 5005 (If rural give location) Lakeland Rd.

3. NAME OF DECEASED: (Type or Print) (First) Elsha (Middle) (Last) Thomas

4. DATE OF DEATH: (Month) 7 (Day) 27 (Year) 1955

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 3-30-11

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt. Store Room.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Record.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

IMMEDIATE CAUSE (A) Multilocular abdominal abscesses — INTERVAL BETWEEN ONSET AND DEATH: 6-14-55

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Peritonitis

DUE TO (C) Carcinoma of stomach — F 7-27-55

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 6-23-55

19B. MAJOR FINDINGS OF OPERATION: Tumor of stomach

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-7-, 1955, to 7-27, 1955, that I last saw the deceased alive on 7-14-, 1955, and that death occurred at 4 P M, from the causes and on the date stated above.

SIGNATURE: James R Goodson M.D. — ADDRESS: 1746 K St N.W. Wash D.C. — DATE SIGNED: July 28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF: 7/31/55 — NAME OF CEMETERY OR CREMATORY: Jensens Chapel — LOCATION (City or town, or county) (State): Mountrail Md

DATE REC'D BY LOCAL REGISTRAR: 7/29/55 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: H. E. Washington Sons — ADDRESS: 467 N 5th St

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

699 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07025

Item 13, File 14 8-23-55 et Item 8, File 155 9-1-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH.
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 10 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges' General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges'
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural give location) 4535-39th Place 74 1

3. NAME OF DECEASED: (Type or Print) (First) Hilleary (Middle) Thomas (Last)

4. DATE OF DEATH (Month) 7 (Day) 17 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH [illegible]

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed

10B. KIND OF BUSINESS OR INDUSTRY.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edwin Thomas

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Statistic

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchopneumonia

ANTECEDENT CAUSE (S): DUE TO (B) Cerebral Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/8, 1955, to 7/17, 1955, that I last saw the deceased alive on 7/16, 1955, and that death occurred at 8:15 A.M. from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS College Park, Md. DATE SIGNED 7/17/55

23. BURIAL, CREMATION, REMOVAL, (SPECIFY). Burial

DATE THEREOF 7/21/55

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Charles County, Md.

DATE REC'D BY LOCAL REGISTRAR 7/19/55

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

6936

07026

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 845

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Mt. Rainier
LENGTH OF STAY (in this place) 5 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4117-31st Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Louisiana COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN New Orleans 5 x 5
STREET ADDRESS (If rural, give location) 134- South Sayora St/v

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Adam (Last) Trauth Sr
4. DATE OF DEATH (Month) 7 (Day) 25 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Wid	2-26-1880	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired	Contractor	Louisiana	U S A

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Son - 4117-31st St., Mt Rainier, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary edema	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Congestive heart failure	
	(c) DUE TO Carcinomatosis (Carcinoma prostate)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7-25-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/26/55	Fort Lincoln	Colmar Manor Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 26 1955	Mrs. Jas. Devere, Deputy	Walker's Funeral Home, Inc.	3200 - R. I. Ave Mt Rainier, Md

7:30

17027

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) X District Heights | LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2705-78th Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN District Heights
STREET ADDRESS (If rural, give location) 2705-78th Lane

3. NAME OF DECEASED: (Type or Print) (First) Josephine (Middle) Vaccaro (Last) Josephine
11. DATE OF DEATH (Month) 7 (Day) 13 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: April 10, 1864 | 9. AGE last birthday: 81 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Italy | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Peter Lo Bianco | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Mrs Rose V. McGovern, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Cardiovascular disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James D. Boyd M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ | DATE SIGNED 7-15-55

23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF 7/16/55 | NAME OF CEMETERY OR CREMATORY Mt Olivet | LOCATION (City, town, or county) (State) Wash. D C

DATE REC'D BY LOCAL REG. July 15 1955 | REGISTRAR'S SIGNATURE Edward F Sellers | 24. FUNERAL DIRECTOR Timothy Hanlon | ADDRESS 3831 Fla. Ave N.W. D C.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

6992 07028

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) Unknown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bellemead
STREET ADDRESS 4208- 75th Ave (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Elbert (Middle) Gray (Last) Van Horn
4. DATE OF DEATH (Month) July (Day) 19 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last Birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	April 24, 1905	50 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Unemployed	Car Driver	Virginia	U.S.A.

13. FATHER'S NAME: George E. Van Horn
14. MOTHER'S MAIDEN NAME: Nellie Crapster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S ADDRESS
No		Ruth Riley 409 Penn St NW Washington, DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage and shock DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) gun shot wound of chest DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	None	Bellemead P.G. Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR?
7 19 55 8:55 P.M.		Shot self accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☑, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Boyd M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7-19-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/22/55	Ft. Lincoln	Colmar Manor Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7/22/55	Amanda Downey	F. Sasscer Sons Hyattsville Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07029

6993

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY PRINCE GEORGES MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 25 RIVERDALE; LENGTH OF STAY (in this place) 4 YEARS; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4503 MADISON ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE VA COUNTY ARLINGTON; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ARLINGTON; STREET ADDRESS (If rural give location) 1414 LEE HIGHWAY

3. NAME OF DECEASED: (First) ARTHUR (Middle) LOUIS (Last) VON AHN

4. DATE OF DEATH: (Month) JULY (Day) 5 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: DEC 2, 1895

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): ACCOUNTANT VA STATE GOVT

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): NEW JERSEY

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: LOUIS G. VON AHN

14. MOTHER'S MAIDEN NAME: LIZZY ALDAG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WORLD WAR I

16. SOCIAL SECURITY NO —

17. INFORMANT & ADDRESS: MRS FRIEDA FARWELL RIVERDALE MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

IMMEDIATE CAUSE (A) UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 5 DAYS

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) CHRONIC NEPHRITIS — 1 MONTH

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. PARKINSONISM

19A. DATE OF OPERATION: C

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 2, 1955 to JULY 5, 1955, that I last saw the deceased alive on JULY 5, 1955, and that death occurred at 8:05 P.M., from the causes and on the date stated above.

SIGNATURE Samuel J. N. Sugar M.D. ADDRESS M.D. Mt Rainier, Md DATE SIGNED July 5 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 7-5-55 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REGISTRAR July 5 1955 — REGISTRAR'S SIGNATURE Mrs. Jas. Savage

24. FUNERAL DIRECTOR Owls Funeral Home — ADDRESS

7131 07030 WC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chapel Oaks. LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1121-57th Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chapel Oaks
STREET ADDRESS (If rural, give location) 1121-57th Ave

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Richard (Last) Willis
4. DATE OF DEATH (Month) (Day) (Year) 7 - 17 - 1955
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-29-1904
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Storekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Metropol. Police
11. BIRTHPLACE (State or foreign country): W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Willis
14. MOTHER'S MAIDEN NAME: Hannah Gordon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Wife. Doris Willis Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Acute congestive heart failure	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)	Cardiovascular renal disease	
DUE TO		
(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Hypertension

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ~~☒~~, Inquiry ☒, and find that death resulted from: Natural causes ~~☒~~, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 7-17-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 7-21-55
NAME OF CEMETERY OR CREMATORY Leaven Memorial Cemetery
LOCATION (City, town, or county) (State) Merkrik Pr. Geo. Md.

DATE REC'D BY LOCAL REG. 7/18/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR ADDRESS W. S. Washington & Sons Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6937

CERTIFICATE OF DEATH

07031

Reg. Dist. No. 245

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County PR. GEORGES
City or town MT. RAINIER (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 YRS. 16
Hospital, institution, or street address where death occurred: 3129 QUEENS CHAPEL RD
How long in hospital or institution? 80

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State MARYLAND County PR. GEO.
City or town MT. RAINIER (If outside city or town limits, write RURAL and give nearest town) 16
Street No. 3129 QUEENS CHAPEL RD. (If rural, give LOCATION)
2.(a) If veteran, name war SPANISH - AMERICAN

3.(a) FULL NAME FREDERICK WAGNER WORRALL

3.(b) Social Security Number 579-01-0457

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WH	MARRIED

6.(b) Name of husband or wife HELEN D.
6.(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) DEC. 9, 1884

8. AGE: Years	Months	Days	If less than one day
70 70	6	25	hrs. min.

9. Birthplace WICHITA, KANSAS (Town, county and state)
10. Usual occupation PHARMACIST
11. Industry or business DRUG

FATHER
12. Name ISAAC S. WORRALL
13. Birthplace MARYLAND.

MOTHER
14. Maiden name CLARA VICTORIA WAGNER
15. Birthplace PENNSYLVANIA

16. Informant WIFE
Address 3129 QUEENS CHAPEL RD

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory
Location BERLIN, MARYLAND
18. Funeral director E. H. Hines Co.
Address 2901-14th St. N.W. Washington 9, D.C.
19. July 5 1955 (Date rec'd by registrar) James Berry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 5 1955 at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from MAY 1954 to JULY 5 1955 and that I last saw h/im alive on JULY 5 1955

Immediate cause of death	DURATION
Myocardial infarct	1 month
Due to arteriosclerosis 420.1	1 yr. +
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations 0 Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Kenneth Montgomery M.D. M. D. or other
Address Mt. Rainier, Md. Date signed 7-5-55